



Performance Report

Performance Period January 2006-March 2006

Introduction

This section contains information relative to monitoring by the Department of Education of system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The Department continues to improve the sophistication and availability of tools to assist in administrative decision-making that directs the application of resources, fiscal and human, to achieve high levels of student achievement. This process relies on data collected through multiple means to provide current information on system infrastructure and performance.

This report covers the Third Quarter, January 2006 through March 2006, of School Year 2005-2006.

Infrastructure

The Comprehensive Student Support System (CSSS) continues to provide the requisite infrastructure for the provision of programs necessary to provide educational, social, and emotional supports and services to all students, affording them an opportunity to benefit from instructional programs designed to achieve program goals and standards. EDN150 allocations contain those resources (fiscal, human, material, procedural, and technological) important to the provision of appropriate supports and services to students within the Felix Class. The objective of EDN150 programs are to maintain a system of student supports so that any student requiring individualized support, temporary or long term, has timely access to those supports and services requisite to meaningful achievement of academic goals.

The next segments of this section contain elements of the CSSS infrastructure determined to be essential to the functioning of a support system constituting an adequate system of care. During the course of the Felix Consent Decree, the Department routinely provided progress reports addressing the availability of qualified staff, funding, and an information management system (ISPED) as a means to provide information germane to assessing system capacity in providing a comprehensive student support system.

Population Characteristics

There are 24,716 students eligible for educational supports and services under the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973 (Section 504), at 90% and 10%, respectively. The number of students receiving educational supports and services within CSSS levels 4 and 5 from the Department of Education is approximately 14% of the overall student enrollment of which 12.5% are eligible for special education and related services under the Individuals with Disabilities Education Act. This matches National data of 2000 (the most recent information available).

Table 1 reflects the number of students with disabilities and the relative percentage over the past two years for the month of March.

Table 1: Number and Relative Percentage of Students Eligible for Special Education

Disability	03/31/2004		03/31/2005		03/31/2006	
	#	%	#	%	#	%
Mental Retardation	2,116	8.8	1,842	7.9	1,684	7.5
Hearing Impairment	381	1.3	428	1.7	381	1.2
Speech/Language Impairment	1,408	5.9	1,194	5.1	1,065	4.7
Other Health Impairment	2,367	9.9	2,602	11.1	2,633	11.7
Specific Learning Disability	10,422	43.7	10,162	43.4	9,773	43.5
Deaf-Blindness	6	0.02	5	0.02	5	0.02
Multiple Disabilities	389	1.6	418	1.8	425	1.9
Autism	825	3.4	940	4.0	983	4.4
Traumatic Brain Injury	79	0.3	79	0.3	77	0.3
Developmental Delay	2,757	11.6	2,873	12.3	2,950	13.1
Visual Impairment	75	0.3	78	0.3	74	0.3
Emotional Disturbance	2,920	12.2	2,711	11.6	2,317	10.3
Orthopedic Impairment	115	0.5	106	0.5	97	0.5
TOTAL	23,860		23,438		22,464	

While data do not permit a causal relationship to be verified, there has been a simultaneous increase in overall student achievement, particularly at the elementary school level and sustained access to effective instructional supports and services. The increases in the disability category of Autism Spectrum Disorder, offset by the continued decrease in the Mental Retardation disability category, are consistent with national data and reflect improved identification and evaluation methods.

An average of 5871 students per month of all CSSS Levels 4 and 5 students, received School-Based Behavioral Health (SBBH) student supports during this quarter. There was a slight decrease when compared with data over the past year and a half. The trend correlates with the increasing Comprehensive Student Support System supports at levels 1 to 3 provided by the SBBH staff since January 2004. (Refer to Performance Goal 13 of this section.)

Services provided to Felix class students fall into two broad categories: School Based Behavioral Health (SBBH) Services and services to students with Autism Spectrum Disorder (ASD). While the determination of need for and type of SBBH or ASD service necessary for any individual student to benefit from their educational plan is made by a team during the development of the plan, guidelines regarding the provision of these services are in the joint DOE and DOH Interagency Performance Standards and Practice Guidelines.

Qualified Staff

Qualified staff providing instructional and related services are the lynchpin of appropriate educational and related services for students with disabilities, for they are the ones with expertise and training in curriculum, instruction, and knowledge of the impact of the student's disability on the learning process. These qualified individuals, in conjunction with parents and others, develop and implement appropriate interventions designed to meet the unique needs of students.

The following staffing data provide evidence of the Department's efforts to provide qualified teachers evenly distributed across the state to ensure timely access to specialized instruction for students as well as providing professional support to those providing educational and related services and supports to students with disabilities.

Infrastructure Goal #1: Qualified teachers will fill 90% of the special education teacher positions in classrooms.

The percent of qualified special education teachers provides an important measure of the overall availability of special education instructional knowledge available to support student achievement. At the end of this report period, there were 2,091 allocated special education positions. Eighty-nine percent of the positions were filled with qualified special education teachers. The Department fell short in meeting this goal for the quarter.

The Department continues to recruit qualified teachers throughout the year. As part of this effort, it employs 39 teachers through a contract with Columbus which is continuing this school year.

Table 2: Number of Allocated and Qualified Special Education Teacher

	March-04	March-05	March-06
Allocated Positions	2,060	2,093	2,091
Filled Positions	1855.5	1923	2018.5
Percent Qualified Teachers	90.2	88.6	89.2

Infrastructure Goal #2: 95% of the schools will have 75% or greater qualified teachers in special education classrooms.

This measure provides information regarding the availability of special education knowledge and expertise to assist with day-to-day instructional and program decision making in support of special needs students. A previous benchmark set forth the target of hiring so that there is no school with less than 75% qualified teachers in the classroom. In order to meet this goal, schools requiring less than four (4) special education teacher positions, 19% (48) of the schools would be required to have 100% of their teachers qualified in special education. The Department has determined a practical goal is that 95% of all schools will have 75% or greater qualified special education classroom teachers.

This measure provides information regarding the availability of special education knowledge and expertise to assist with day-to-day instructional and program decision

making in support of special needs students. Meeting this goal is complicated due to the number of schools with less than 4 full-time positions.

For all schools including those schools with less than 4 special education teachers, the Department falls short of its goal at 88%. As noted in the previous section, the Department continues to contract outside resources to recruit and retain special education teachers.

Table 3: Qualified Special Education Staff at Schools

	March-04	March-05	March-06
Number of Schools<75%	16	18	30
Percent of Schools>75%	94	93	88

Infrastructure Goal #3: 85% of the complexes will have 85% or greater qualified teachers in special education classrooms.

This measure helps illustrate the distribution of special education instructional expertise throughout the state. The prevalence of qualified staff throughout a complex is an indicator of the degree of support available to school staff and the continuity of instructional quality over time for students. For example, the impact of less than 75% qualified staff in a school within a complex with all other schools fully staffed is far less than if all schools in the complex had less than 75% qualified staff. Therefore, the Department has added this measure as an internal infrastructure indicator for monitoring. The Department continues to meet this goal for the third quarter.

Table 4: Qualified Special Education Teachers in the Complex

	03/04	03/05	03/06
Number of complexes with over 85% qualified special education teachers	37	40	39
Percent of complexes with over 85% qualified special education teachers	90	98	95

Infrastructure Goal #4: 95% of all Educational Assistant positions will be filled.

Educational Assistants (EAs) provide valuable support to special education students and teachers throughout the school day and in all instructional settings. Since SY2001-02, the EA allocation ratio has been 1:1 with the special education teacher allocation.

The Department falls short of meeting this goal at 87%, but it continues to actively recruit and train personnel for educational assistant positions.

EA Positions	03/04	03/05	03/06
Established Positions	2,070	2,446	2,374
Filled Positions	1,863	2,110	2,056
Percentage Filled	90	86.3	87

Infrastructure Goal #5: 75% of the School-Based Behavioral Health professional positions are filled.

Since December 2000, the Department has maintained that the use of an employee-based approach to provide School Based Behavioral Health (SBBH) services provides greater accessibility and responsiveness to emerging student needs. While it is anticipated that some degree of services will always be purchased through contracts due to uniqueness of student need and unanticipated workload increases, day-to-day procedures presume the availability of staff. Early planning anticipated a two to three year phase to reach the point at which DOE employees would do 80% of the SBBH workload. Performance Goal #13 indicates that, for this quarter, the Department has exceeded in meeting this benchmark whereby 85% the of work is presently done by DOE employees and 15% by contracted providers.

Table 5: Number of SBBH Specialist Positions

	Mar-04	Mar-05	Mar-06
Number of Positions	299	303	304
Number of Positions Filled	233	252	258
Percent of Total Positions	78	83	85

There are now 258 SBBH Specialist positions and 20 clinical psychologist positions filled. The actual number of positions change due to flexibility built into the SBBH funding structure that allows complex decisions regarding staffing. The Department continues to recruit behavioral specialists and clinical psychologists to fill school level positions. As Table 5 indicates, this infrastructure goal continues to be met.

Infrastructure Goal #6: 80% of the identified program specialist positions are filled.

This Infrastructure Goal is directly attributable to a previously established Felix Consent Decree benchmark based upon a determination by the Court Monitor that in 2000 the Department did not have sufficient program expertise in several areas. Recruiting and retaining leadership for these key program areas has been an ongoing challenge for the Department. The lack of in-state programs providing terminal degrees, coupled with geographic isolation from institutes of higher education and recruitment constraints regarding pay based on experience earned in other systems, has made it very difficult for the Department to hire program specialists.

Increased levels of knowledge and skills possessed by Department staff and contractors has changed the type of expertise necessary to continue to foster system growth and improved performance. The system now requires experienced administrators, supervisors, and trainers of discrete intervention skills.

At the present time four (4) of the identified program specialists positions continue to be filled with the same program specialist as reported in the last quarter. Although this infrastructure measure is met, the Department continues to recruit a program specialist in the area of Autism Spectrum Disorder with recognizable program and administrative skills necessary to provide clear guidance to school communities and professionals. A series of technical assistance contracts have been and will continue to be in place to assist service providers. As can be seen in the associated Autism Spectrum Disorder Performance Indicator #12, services continue to be available and appropriate for these students.

Integrated Information Management System - ISPED

The need for an information management system to provide relevant data for analysis and decision-making is an important component of the infrastructure necessary to sustain high levels of system performance in the area of supports and services to students in need of such services. This information provides the basis for resource allocation, program evaluation, and system improvement.

Meaningful measurement of ISPED will provide specific information regarding the following: 1) ISPED data accuracy, 2) ISPED role in important management decisions, and 3) ISPED use by DOE administrators, CASs and principals.

Infrastructure Goal #7:

- a) 99% of special education and section 504 students are in ISPED,*
- b) 95% of IEPs are current, and*
- c) 95% of the IEPs are marked complete.*

The utility of ISPED as an information management system lies in the ability to provide a wide variety of users information that improves their productivity. Whether the information is unique student specific information used in program development or aggregate information used for planning purposes, accuracy and completeness is necessary. Achievement and maintenance of the three components embedded in Infrastructure Goal #7, give users confidence that accessed information will assist in good decision-making.

At this time 100% of all students eligible for special education and related services are registered in the ISPED system. Of those, 99% have current IEPs in ISPED and 96% have been marked "complete". The difference between IEPs in the system and those marked "complete" is mainly attributable to teachers awaiting additional information. There is consistent widespread use of and reliance on ISPED as the information management system for special education records and decision-making. The use of this system is institutionalized and integral to the ongoing management of special education throughout the Department. This infrastructure goal has been met.

Table 6: Status of IEPs in ISPED

	March-04	March-05	March-06
Percentage of IEPs in ISPED	99	99	100
Percentage of IEPs current	98	99	99
Percentage of IEPs marked complete	91	96	96

Infrastructure Goal #8: ISPED will provide reports to assist in management tasks.

The increased administrative need for timely and accurate information is very evident in the ISPED reports. There are now over 90 different reports available to teachers and administrative staff. During this quarter many reports were reviewed to ensure that school specific information was easily obtained and understood by a wide variety of new users. Report formats have been revised to ease the transfer of information to the Web Site that posts school specific information.

Infrastructure Goal #9: School, district, and state level administrators will use ISPED.

As stated in the section above, ISPED provides DOE administrators over 90 real time reports designed to assist in measuring system performance at the school, complex, and state levels, as well as provide data for resource allocation. The Department began tracking administrator “log-ons” to ISPED as broad indicators of both the utility of the reports as well as administrative behavior regarding the use of data in proactive management. For this quarter, the number of “log-ons” ranged from 70,000 to over 72,000 by various state, district and school personnel.

The use of ISPED by Complex Area Superintendents (CAS) remains low, while the use by District Educational Specialists (DES), Principals, and Vice-Principals fluctuates month to month. The highest usage of ISPED continues to be among the SSCs, counselors, and special education teachers.

The use of ISPED suggests that the action plans generated through the Special Education Section designed to improve overall system performance has had an impact on administrative behavior regarding the use of data in decision making and monitoring the impact of system performance activities. CASs report that upon receipt of monthly performance reports from the Special Education Section, a meeting with the appropriate DES is held to determine the appropriate school and system response to improve performance.

Infrastructure Goal #10: The Department will maintain a system of contracts to provide services not provided through employees.

During this report period the DOE has maintained the same 36 contracts with different private agencies to provide SBBH services, including Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

There are eight (8) types of contracts covering the following services: assessments, behavioral interventions, intensive services, psychiatric services, four (4) for Intensive Learning Centers, and Special School. Listed below are the numbers of contracts by type of service.

Table 7: Types and numbers of contracted services

Type of Service	Number of Contracts
Assessment	8
Behavioral Intervention	9
Intensive Services	9
Psychiatric Services	5
ILC (ages 3-9)	1
ILC (ages 10-12)	1
ILC (ages 13-20)	2
Special School	1

While total expenditures have not all been invoiced through the month of March 2006, the reported total expenditures for services to ASD students is \$23.9M. The average expenditure per month for contracted services for ASD students during the past three quarters was approximately \$2.5M per month.

Table 8: Number of students with ASD and expenditures

	SY '03-'04	SY '04-'05	SY '05-'06
Average Monthly Expenditure	\$2.6M	\$3.3M	\$2.5M
Number of Students with ASD	1,012	1,125	1,199

While total expenditures have not all been invoiced by contractors through the month of March, 2006, a total of \$2.4M has been expended for SBBH services thus far this school year. The result is an average of \$272,045 per month

Table 9: Number of students with SBBH services and expenditure

	SY '03-'04	SY '04-'05	SY '05-'06
Average Monthly Expenditure	\$481,522	\$380,649	\$272,045
Number of Students with SBBH services	7,570	7,173	5,871

Infrastructure Goal #11: Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%.

The broad programmatic categories within EDN150 are Special Education Services, Student Support Services, Educational Assessment and Prescriptive Services, Staff Development, Administrative Services, and Felix Response Plan. EDN150 allocations for all of these groups total slightly more than \$306M for SY 05-06. This represents an increase in the amount of funding allocated in SY04-05. At the end of March 2006, \$221.3M was expended, which has not exceeded the anticipated quarterly expenditures.

Key Performance Indicators

The existence of an adequate infrastructure is not an end in and of itself. The true measure of the attainment of EDN150 program goals and objectives are in the timely and effective delivery of services and supports necessary to improve student achievement. While the measurement of student achievement lies within the purview of classroom instruction, key system performance indicators exist that provide clear evidence of the timeliness, accessibility, and appropriateness of supports and services provided through EDN150 and the responsiveness of CSSS to challenges threatening system performance.

Performance Goal #1: 90% of all eligibility evaluations will be completed within 60 days.

This performance goal was met for the three months of the 3rd quarter. Good practice and regulation of timely evaluations provide the foundation for an effective individualized education or modification program that will assist students in achieving content and performance standards. This measure identifies the timeliness with which the system provides this information to program planners. As can be seen in the table, the Department has continued to meet this performance goal. During this quarter, 2,906 evaluations were conducted.

Table 9: Percentage of Evaluation completed within 60 Days

School Year	January	February	March
2003-04	92	95	96
2004-05	86	89	92
2005-06	94	94	97

State, complex, and school action plans are in place to maintain continued performance improvement in this area. Regular meetings between the Superintendent and Complex Area Superintendents focused on performance monitoring will continue to keep this a priority in school and complex operations.

Performance Goal #2: There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services.

A service delivery gap is a disruption in excess of 30 days of an SBBH or ASD related service identified in an IEP or MP. A “mismatch” in service delivery (i.e., counseling services expected to be provided by an SBBH Specialist actually delivered by a school counselor) is included in this category as a service delivery gap.

Table 10: Gaps in Service

	Jan-06	Feb-06	March-06
Number of Service Gaps	0	4	0

As can be seen in Table 10 above, there continues to be only a few students for whom a program was not immediately available. There are in excess of 8,000 students per month receiving well over 22,000 identifiable “services” per month. Service delivery gaps occur for a variety of reasons but occur primarily because an individual related service provider (i.e., SBBH contractor) is temporarily unavailable to provide the requisite service as opposed to “wait lists” which are due to the unavailability of a program of educational services.

Substantial achievements in meeting this goal are reflected in the absence of service gaps for the months of January and March. The Department met this goal for the 3rd quarter.

Performance Goal #3: The suspension rate for students with disabilities will be less than 3.3 of the suspension rate for regular education students.

Concern regarding the possibility of disproportionate suspension rates for students with disabilities has existed since at least the 1994 Office of Civil Rights, *Elementary and Secondary Compliance Reports*. Beginning in 2000, the Felix Consent Decree Court Monitor and Plaintiffs’ Attorneys expressed concerns relative to the suspension of students with disabilities. The Felix Monitoring Office, *Suspension Study*, prepared under the direction of the Court Monitor reported findings of an in-depth study of the relative suspension rates of regular and special education students. Those findings over a four-year period illustrated a wide range of suspension rates over geographic and school specific characteristics. General trends indicated that the overall suspension of students was decreasing but students with disabilities were more likely to be suspended.

Between 2001 and July 2003, the Department reported to the Court Monitor, Plaintiffs’ Attorneys, and the Court the relative increase risk rate for suspension of special education students. However, the Court Monitor questioned the applicability of using as a target the 3.3 rate reported in the Government Accounting Office (GAO) report of 2001 based on serious misconduct and a special study was conducted. Those findings are reported in the July 2003-September 2003 Quarterly Performance Report. The findings indicated that most schools, especially elementary schools do not suspend any, or very few, students with disabilities but that wide variation continued to exist across geography and even within schools with similar characteristics among secondary schools. Subsequently,

Department efforts increasingly utilize school specific action plans to address the use of suspension as a response to student misconduct.

Table 11: Suspension Rate

Cumulative Suspension Rates	SY 2002-2003	SY 2003-2004	SY 2004-2005	SY 2005-2006
Regular Education				
Enrollment	163,309	170,283	176,313	179,250
Suspensions	10,106	9,338	6,978	6862
Percent per 100	6.19	5.48	3.96	3.8
Special Education				
Enrollment	24,050	23,480	23,483	22,464
Suspensions	4,376	4,241	3,203	2959
Percent per 100	18.2	17.8	13.64	13.2

School specific interventions continue to be implemented in the schools to lower the rate of suspensions for all students although special education suspensions continue to be more frequent. The above reflects the aggregate cumulative suspension for all schools for the last three years and the first three quarters for SY2005-06. The Department fell short in meeting this benchmark this quarter.

The school specific suspension data is set forth in the *Stipulation for Step-Down Plan and Termination of the Revised Consent Decree* dated April 15, 2004. This report format calls for school-by-school reporting of the “percentage of suspensions of regular education and special education students per hundred, ...” (page 9). The information is available through the DOE website under Reports, Felix (<http://165.248.6.166/data/felix/index.htm>).

Performance Goal #4: 99.9% of students eligible for services through special education or Section 504 will have no documented disagreement regarding the appropriateness of their educational program or placement.

There are three sources of documented disagreements. 1) telephone complaint; 2) formal written complaint which by regulation, must be addressed within 60 days; and 3) the Request for an Impartial Hearing in which the decision by an Administrative Hearings Officer is to be issued within 45 days of the filing of a request.

3rd Quarter Results

Table 12 indicates the number of telephone and written complaints, and Due Process Hearings for the 3rd quarter. In the 3rd quarter, written complaints increased as due process hearing requests decreased. The number of telephone complaints, written complaints or due process hearing requests filed in the last three years remained below one percent of the total SPED population. The Department continues to meet this goal of 99.9% of the students receiving services during this quarter with no documented disagreements.

Table 12: Telephone and Written Complaints and Due Process Hearing

	March-04	March-05	March-06
Telephone	13	42	15
Written	2	1	7
Due Process Hearings	39	56	37

Requests for Impartial Hearings

Of the 37 due process hearing request received during the 3rd quarter, 2 were withdrawn and dismissed, due to early resolutions. This is a 14% decrease from last quarter.

The number of students filing due process hearing requests in the last three years remains below one percent of the total SPED population. The data shows that an overwhelming majority of students do not file complaints or hearing requests.

The Special Education Section (SES) compiled a “Due Process/Complaints” report for every school (including charter schools) in the department for SY2004-05. The school reports were aggregated into a complex, district and statewide reports. Beginning with this year, these reports are prepared for schools on a quarterly basis. The Superintendent distributes the applicable school reports to the complex area superintendents for review and appropriate action with the understanding that the SES will follow up to assess impact on the school performance.

The request for an impartial hearing is a legitimate option for parents in determining the appropriate educational and related service; however, it is difficult to determine what, if any, school specific actions may have adequately addressed the issue prior to the request. Most requests are for placement at a non-DOE site and involve students and their families familiar with the impartial hearing process. Thus, whether the request is the result of poor communication regarding the school’s offer of a free and appropriate public education, inadequate programs and services, or a parental default strategy to gain an *a priori* determined preferred educational placement is difficult to determine. The Department is determined to reduce the number of requests for impartial hearings since it places a strain on resources and makes future program development between parents and school staff even more difficult.

Performance Goal #5: The rate of students requiring SBBH, ASD, and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services

Table 13 reflects the number of students on Home/Hospital Instruction (H/HI) and the number of students with disabilities on H/HI during the 3rd quarter for the past two (2) school years. Of the 43 students with disabilities on H/HI, 14 required SBBH or Mental Health services. The percentage of students with disabilities in other educational arrangements with either SBBH or Mental Health in their educational plans is 24% statewide as compared to the 33% of regular education students requiring H/HI. The Department did not meet this goal due to the increase in students with disabilities requiring SBBH or Mental Health services on home/hospital instruction.

Table 13: Number and Percentage of Students with Disabilities on H/HI

Quarter	3rd Qtr SY 03-04	3rd Qtr SY 04-05	3rd Qtr SY 05-06
Total # students on H/HI	199	206	206
# Students with disabilities on H/HI	80	51	43
% Of students with disability on H/HI requiring SBBH or Mental Health	13.7%	10%	33%
State % of students with disabilities receiving SBBH or Mental Health	27.8%	30%	24%

Performance Goal #6: 100% of complexes will maintain acceptable scoring on internal monitoring reviews.

Seventeen internal monitoring reviews were conducted this quarter. Section II, Internal Monitoring provides detailed information regarding the scores for complexes monitored during the 3rd quarter. Of the 17 complexes reviewed, 16 (94%) scored 85 or better on System Performance. On the Child Status, 15 complexes (88%) scored over 85.

Performance Goal #7: 100% of the complexes will submit internal monitoring review reports in a timely manner.

As of this reporting period, all internal monitoring review reports have been received in a timely manner.

Performance Goal #8: State Level feedback will be submitted to complexes following the submittal of internal monitoring review reports in a timely manner

All State Level Feedback reports have been completed and sent to complexes for this reporting period in a timely manner.

Performance Goal # 9: "95% of all special education students will have a reading assessment prior to the revision of their IEP."

The Stanford Diagnostic Reading Test (SDRT) is the reading assessment used prior to the annual revision of the IEP. The assessment is administered within 90 days of the IEP. The SDRT is a group-administered, norm-referenced multiple-choice test that assesses vocabulary, comprehension, and scanning skills. The SDRT is not, nor is it intended to be, an adequate measure for a complete understanding of the student's PLEP. This is because, although diagnostic, the SDRT also falls into the category of summative assessments. A summative assessment is generally a measure of achievement relative to a program or grade level of study.

Students may take an 'other' assessment if they cannot navigate the SDRT even one color lower than the color level that they should take at their grade level. However, the 'other' assessment must yield a grade level.

In the 3rd quarter, the State did not meet the 95% benchmark. This benchmark remains a challenge for the State. Literacy resource teachers continue to work with identified schools which continuously miss the benchmark to identify problems and provide support and training.

Table 14: Percentage of Students with Reading Assessment

	Jan-06	Feb-06	March-06
State Totals	84	90	89

Performance Goal# 10: 95% of all special education teachers will be trained in specific reading strategies.

Nearly one hundred percent of the 2005-06 newly hired special education teachers have been in-serviced in reading strategies. This is an ongoing process, as some teachers who were hired at the beginning of the school year have already left the system and new teachers who are replacing them need to be in-serviced. New teachers who were hired to address enrollment increases also need to be trained. As of March 2006, 423 of 424, (99.8%), newly hired teachers have been trained in reading strategies. The State continues to meet this benchmark.

District	# New Teachers	# New Teachers Trained
West Hawaii	20	20
East Hawaii	58	58
Kauai	17	17
Central	62	62
Honolulu	61	61
Leeward	88	87
Windward	45	45
Total	424	423

Performance Goal #11: 90% of all individualized programs for special education students will contain specific reading strategies.

To determine the degree of compliance with this goal, Reading Resource Teachers in the Special Education Section randomly select 10 IEPs per complex written during the month. The selected IEPs are reviewed for the inclusion of reading strategies for all students reading below grade level. The state continues to meet this benchmark averaging 95.7% for the quarter.

Table 15: Percentage of Reading Strategies in IEPs

	Jan-06	Feb-06	March-06
IEPs with Reading Strategies	332	375	390
Percentage with Reading Strategies	95	95	97

Performance Goal #12: System performance for students with Autism Spectrum Disorder will not decrease.

The Department uses the Internal Review process as an indicator of system performance related to students with ASD. The Department reviewed fourteen students with an eligibility of autism this quarter. The percent of students with acceptable findings in Overall Child Status was 100%. The percent of students with acceptable findings in Overall System Performance was 93% (Table A).

Table A: Comparison of State Internal Review Results

Indicators of Current Child Status	Jan - Mar 04	Jan – Mar 05	Jan - Mar 06
27. Learning Progress	100	95	100
28. Responsible Behavior	100	91	100
29. Safety (of the child)	95	95	86
30. Stability	90	91	93
31. Physical Well-Being	100	95	100
32. Emotional Well-Being	95	95	100
33. Caregiver Functioning	100	95	100
34. Home Community (LRE)	100	100	100
35. Satisfaction	95	95	83
36. OVERALL CHILD STATUS	100	95	100
Understanding the Situation			
44. Child/Family Participation	95	100	100
45. Functioning Service Team	100	95	100
46. Focal Concerns Identified	100	91	93
47. Functional Assessments	100	95	100
48. OVERALL UNDERSTANDING	100	95	100
49. Focal Concerns Addressed	100	91	100
50. Long Term Guiding view	100	91	93
51. Unity of Effort Across Agencies/Team	100	86	93
52. Individual Design/Good Fit	100	95	93
53. Contingency Plan (Safety/Health)	89	0	80
54. OVERALL PLANNING	100	95	100
55. Resource Availability for Implementation	100	91	93
56. Timely Implementation	100	91	93
57. Adequate Service Intensity	100	95	93
58. Coordination of Services	95	91	100
59. Caregiver Supports	100	100	100
60. Urgent Response	89	0	50
61. OVERALL IMPLEMENTATION	100	95	93
62. Focal Situation Change	100	95	93
63. Academic Achievement	100	91	93
64. Risk Reduction	100	95	93
65. Successful Transitions	95	95	100
66. Parent Satisfaction	95	100	92
67. Problem Solving	100	86	100
68. OVERALL RESULTS	100	95	93
69. OVERALL PERFORMANCE	100	95	93

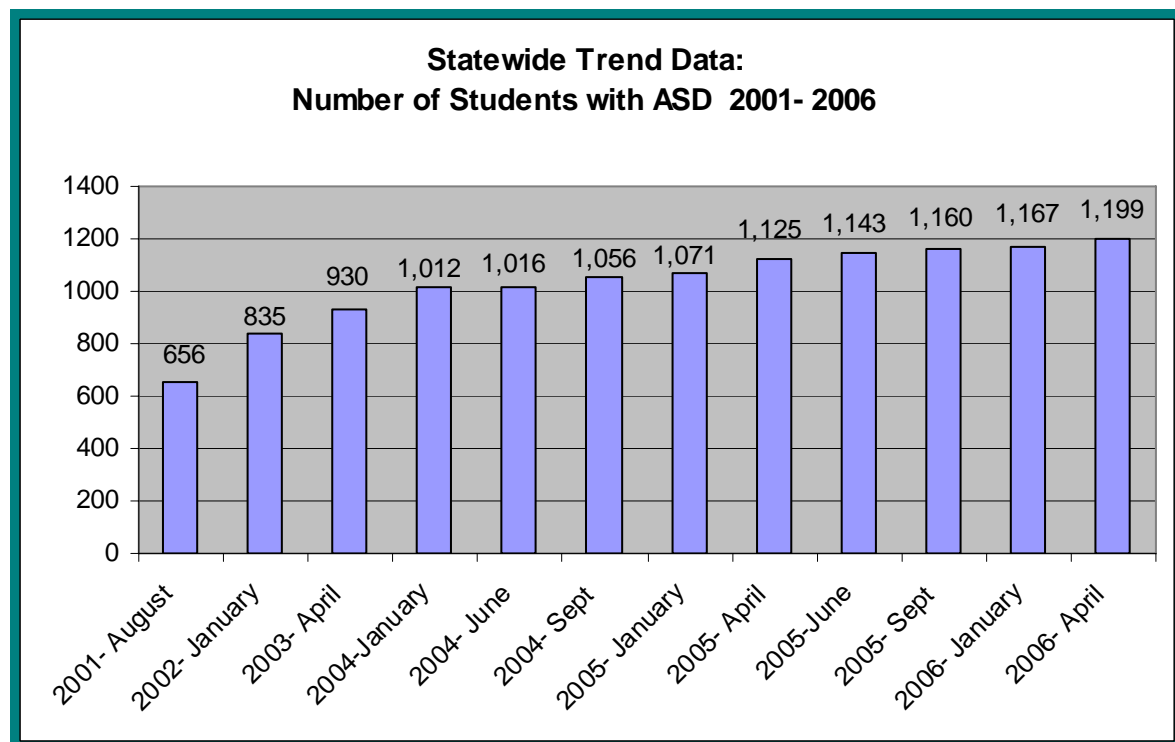
All indicators had acceptable findings under Child Status with the exception of Satisfaction which had an 83% rating. Ten cases were rated as acceptable and two were rated as unacceptable.

Under System Performance, all indicators had an acceptable rating except Contingency Plan which had a rating of 80% and Urgent Response which had a rating of 50%. Five cases were rated under Contingency Plan, four were rated

as acceptable and one was rated as unacceptable. Two cases were rated under Urgent Response, one acceptable and one unacceptable.

Currently there are 1,199 identified students identified with ASD. This is a 6 ½% increase in the number of identified students over this time last year (Table B).

Table B: Number of Students with ASD



The following agencies were awarded contracts to provide intensive services, which began on October 1, 2005:

- Behavioral Counseling and research Center (BCRC)-all districts
- CARE Hawaii, Inc.-Honolulu, Central, Leeward, and Windward Districts
- Child and Family Service (CFS)-all districts
- Hawaii Behavioral Health-all districts
- Maui Youth and Family-Maui District
- Nursefinders of Hawaii-all districts
- PACT-Honolulu, Central, Leeward, and Windward Districts
- Quality Behavioral Outcomes (QBO) Windward, Hawaii, and Maui Districts
- The Institute for Family Enrichment (TIFFE)-Honolulu, Central, Leeward, Windward, and Hawaii Districts
- The contract for the Special School was awarded to Child and Family Service; it began on July 1, 2005.

The pilot project in Central District Autism Pilot Program (CAPP) includes two training sites, five ESY/after school programs and five “development classes” to serve students with Autism Spectrum Disorder (ASD). Each elementary school

program also includes an inclusion partnership with the A+ program in the associated school. Five of the schools include “development classes”, which provide additional District support and training to school personnel; in most cases, educational aides (EAs) who have been specifically trained in ASD services are assigned to these classrooms. The EAs assist teachers during the day and with transitioning the ASD students to the ESY/afterschool program. CAPP personnel are also assigned to schools to consult on difficult ASD cases, and to assist the school in developing program capacity to meet the needs of their ASD students

Performance Goal #13: The SBBH Program performance measures regarding service utilization will be met.

IDEA/504 Students Receiving SBBH Services

As seen in Tables 1 and 2, during this quarter, an average of 83% of the total number of students who received counseling as an IEP/MP related service were identified as IDEA with the remaining average of 17% identified as 504 eligible students. This is generally consistent with the ratio of 80% IDEA and 20% 504 for over a year and a half. However, a slight increase in the percentage of students with IEP related counseling service was noted last quarter (82 %) and repeated this quarter. The average number of students who received these services per month does not equal the total number of students served in a year due to student turnover. Services were provided to a significantly greater total number of students than the average indicates. Review of the data reflects a steady influx of new students receiving IEP/MP related SBBH services, as well as, students who exit when behavioral and educational goals have been attained (Table 9).

As anticipated with the provision of early intervention services, the average number of students requiring CSSS Levels 4 and 5 SBBH services has decreased when compared with data over the past year and a half. The trend correlates with the increasing Comprehensive Student Support System supports at Levels one to three provided by SBBH staff since January 2004 (Tables 10-12). Family Guidance Center staff, District personnel, and Internal Reviewers have noted that students receiving intensive services present problems with significant complexity and severity.

Table 1

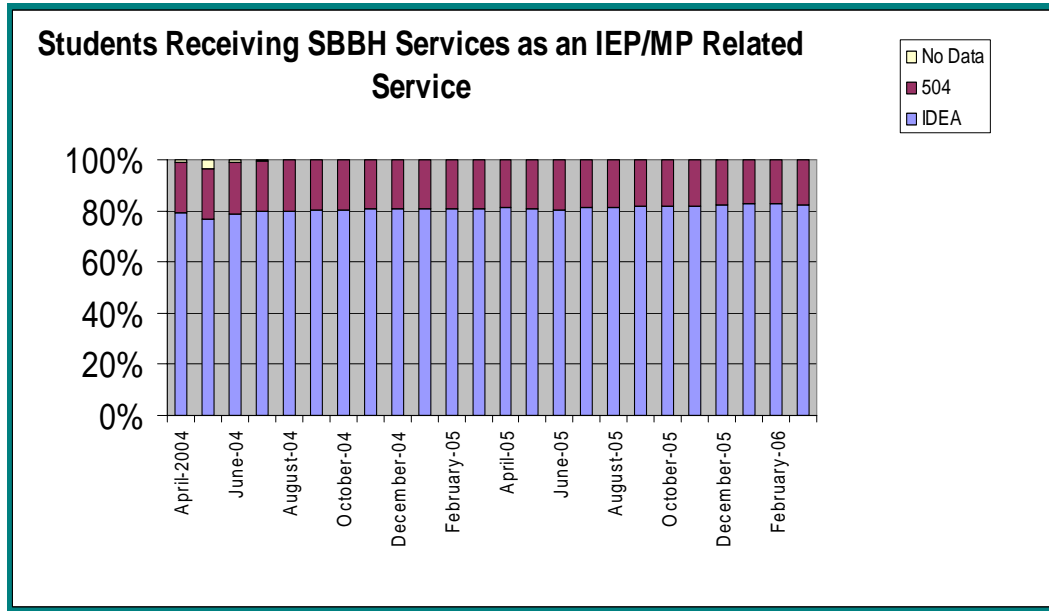


Table 2

Students Receiving SBBH				
MONTH	IDEA	504	ND	Total
Apr-04	6,199	1,564	62	7,825
May-04	5,928	1,497	280	7,705
Jun-04	5,816	1,499	58	7,373
Jul-04	5,140	1,278	23	6,441
Aug-04	5,391	1,345	0	6,736
Sep-04	5,736	1,412	0	7,148
Oct-04	5,681	1,384	5	7,070
Nov-04	5,859	1,391	0	7,250
Dec-04	5,758	1,369	7	7,134
Jan-05	5,878	1,412	0	7,290
Feb-05	5,792	1,391	0	7,183
Mar-05	5,801	1,372	0	7,173
Apr-05	6,115	1,409	0	7,524
May-05	5,581	1,331	0	6,912
Jun-05	5,013	1,227	5	6,245
Jul-05	4,844	1,109	0	5,953
Aug-05	4,927	1,121	0	6,048
Sep-05	4,873	1,086	0	5,959
Oct-05	4,941	1,079	3	6,023
Nov-05	5,013	1,096	1	6,110
Dec-05	4,965	1,077	0	6,042
Jan-06	4,949	1,033	2	5,984
Feb-06	4,966	1,047	0	6,013
Mar-06	4,847	1,023	1	5,871

Types of Services

SBBH State Office has been collaborating with the Integrated Special Education Database personnel for three years to automate the data retrieval and reports necessary for SBBH program monitoring. Although the aforementioned process is near completion, a separate data collection system continues to be used to collect, compile and analyze SBBH-specific data. This quarter, the revised SBBH data log which utilizes terminology consistent with ISPED and is streamlined to ease completion was implemented with school staff and contracted providers. It should be noted that the data presented reflects underreporting due to the transition to the new data log. Required information was not fully completed by all providers, resulting in the reduction in the data collected and analyzed. Only 6 of the 7 districts submitted complete data log as required.

Table 3

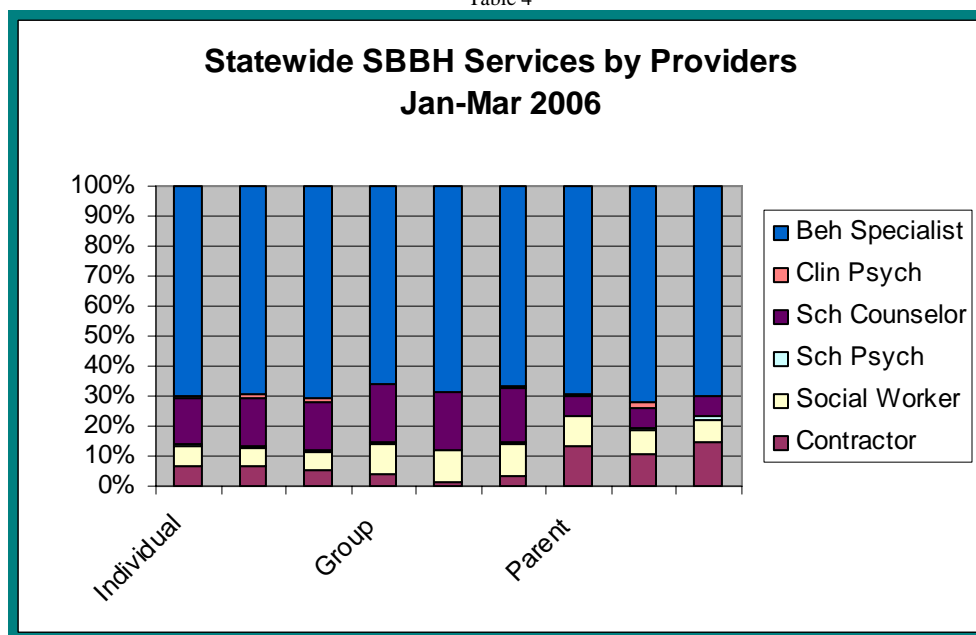
SBBH Students/Services July 2004 - March 2006						
MONTH	Total # of SBBH Students	Individual Counseling	Group Counseling	Parent Counseling	Med. Management	ILC/TC/ELC
July 2004	6,441	5,358	755	901	944	249
August 2004	6,736	5,676	696	768	903	204
September 2004	7,148	6,232	800	868	1,000	236
Average	6,775	5,755	750	846	949	230
October 2004	7,070	6,231	827	824	1,050	230
November 2004	7,250	6,364	836	826	1,051	230
December 2004	7,134	6,363	872	823	1,025	226
Average	7,151	6,319	845	824	1,042	229
January 2005	7,290	6,342	857	826	860	215
February 2005	7,183	6,261	839	800	1,075	216
March 2005	7,173	6,278	827	776	1,107	204
Average	7,215	6,294	841	801	1,014	212
April 2005	7,524	6,362	822	789	1,122	218
May 2005	6,912	5,875	736	743	1,026	187
June 2005	6,245	5,367	609	682	894	174
Average	6,894	5,868	722	738	1,014	193
July 2005	5,953	4,779	462	638	825	170
August 2005	6,048	5,331	481	565	803	150
September 2005	5,959	5,360	550	504	728	130
Average	5,987	5,157	498	569	785	150
October 2005	6,023	5,510	585	524	720	132
November 2005	6,110	5,518	612	499	711	129
December 2005	6,042	5,570	569	476	711	133
Average	6,058	5,533	589	500	714	131
January 2006	5,984	3,993	1233	724	652	130
February 2006	6,013	3,913	1255	700	652	139
March 2006	5,871	3,241	1119	528	632	133
Average	5,956	3,716	1,202	651	645	134

Individual counseling continued to be the most frequently used, on-going intervention averaging 3716 students, and 62% of this target population as compared to 91% last quarter. (Data on “individual counseling” as a method of service, garnered from the new reporting system appears to be stabilizing in the

3900 range. Data for March is underreported and the quarterly average is reduced due to the late submittal of one district's data which was not incorporated in this report). The current report identifies a greater proportional use of group and parent counseling. Group counseling as a method of intervention increased to nearly 20% (average of 1202 students) from 10% last quarter, and 8% the previous quarter. The increase may be partly attributable to the start up time needed to form groups at the beginning of the year. Last quarter's 10% of students receiving group services is consistent with the ratio of students who received group counseling at the end of the school year and 11% a year ago. The absence of one district's March data affects the ability to truly analyze the information. Medication management services were provided to 645 or 11% of students who received CSSS Levels 4 and 5 SBBH services, another percent decline from each of the last two quarters and a 4% decline over the past year. Parent counseling was an adjunct to individual counseling for 11% compared to 8% of students receiving formal SBBH services. Significant increase was noted in the first two months of this quarter but the lack of one district's data for March, decreased the average for the quarter. It is anticipated that trends can be better analyzed in the future when all district data are provided in a timely manner. Previous quarters reflected 8%, 9.5% and 11% of the students who received IDEA/504 related SBBH services also received parent counseling services. An average of 134 students (2%), were provided services through intensive DOE programs (Community Based Instruction/Intensive Learning Centers, Therapeutic Classrooms, and Enhanced Learning Classrooms) this quarter. This information is consistent with last quarter's ratio.

Comparison of SBBH Providers

Table 4



Statewide, the Department of Education staff continued to provide most interventions. In general, a consistently significant percentage of IEP/MP related parent/family services have been provided by contract providers. Contracted providers delivered an average of 66% of family counseling services last quarter, a decrease in service from the previous three quarters, indicating an increase in the provision of family counseling by DOE staff. Overall DOE staff provided 85% and contracted agencies provided 15% of the parent counseling (Table 4). This may be the result of a combination of factors including the implementation of the new data log, resulting in some agencies not reporting and data being incomplete.

As seen in Tables 5a through 5h, analyses by districts reflect the utilization of resources and variability among the DOE providers of services. For the Kauai SBBH program which is staffed by social workers instead of Behavioral Specialists, the social workers provided 57% of the IEP/MP related family services. In three districts, there were indications of slight counselor involvement. This quarter's data is atypical from the past two years due to the unavailability of data from one district. Next quarter's data will provide a better basis for analysis.

Table 5a

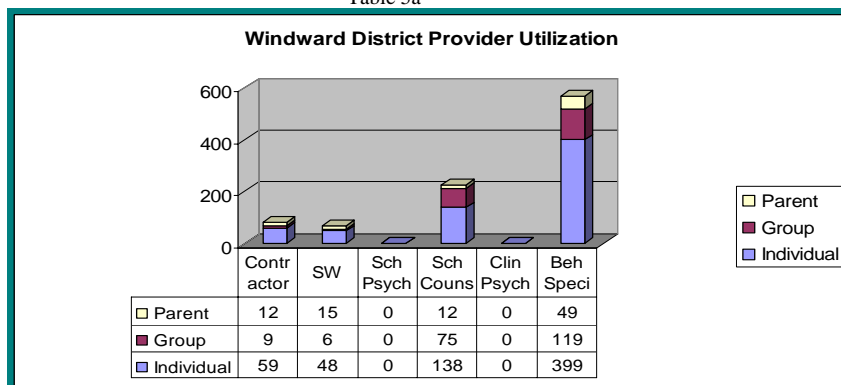


Table 5b

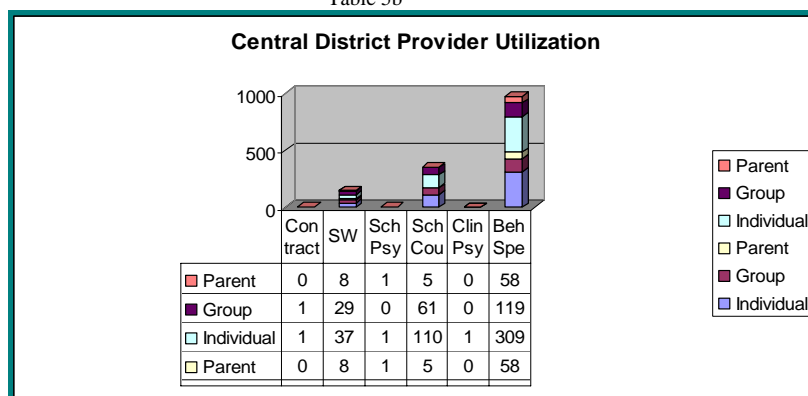


Table 5c

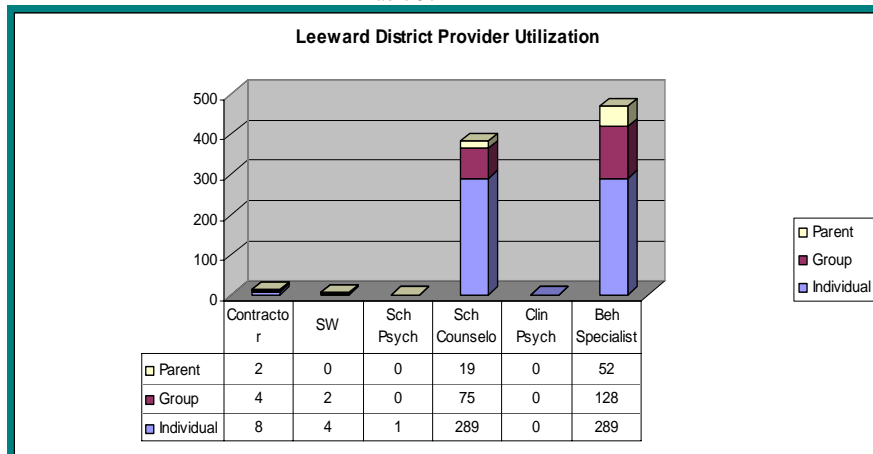
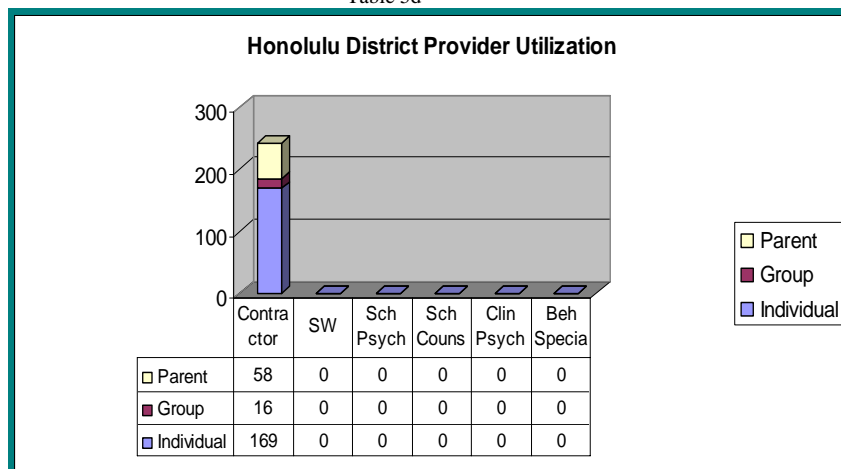


Table 5d



No District data for DOE staff was available for the above table

Table 5e

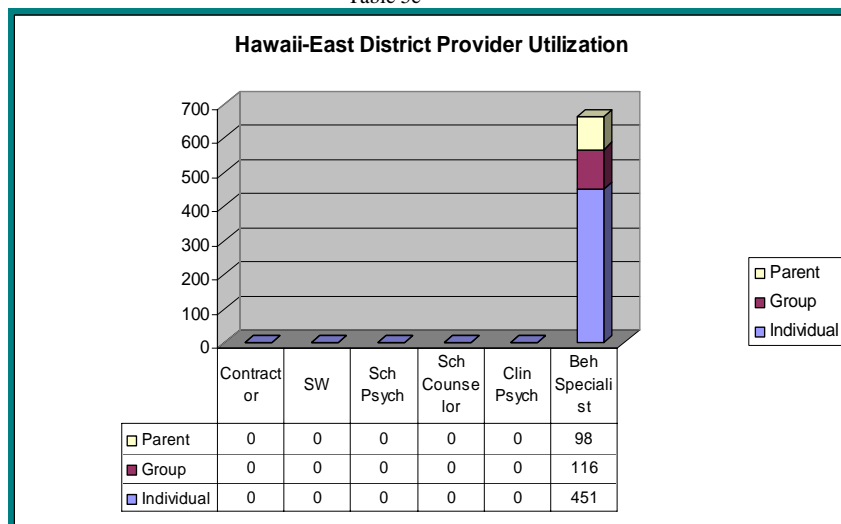


Table 5f

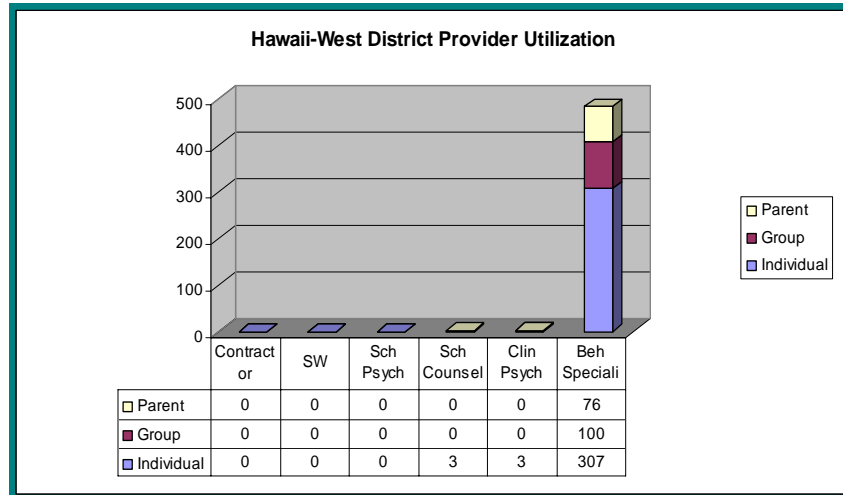


Table 5g

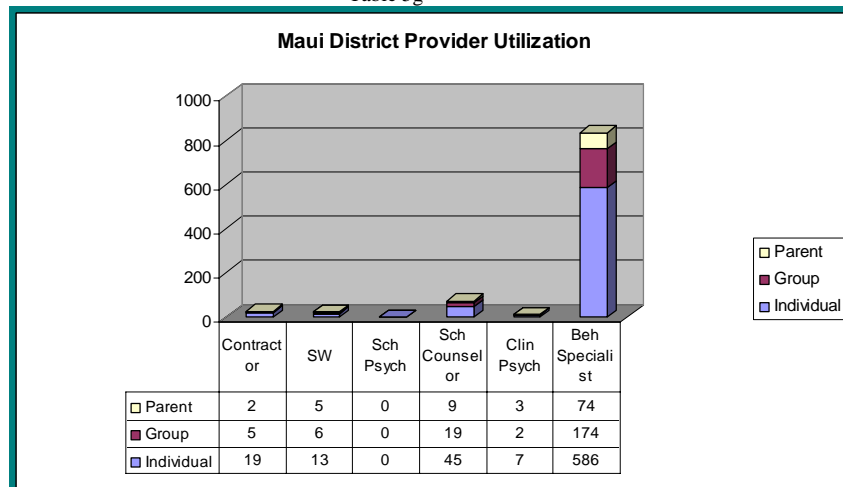
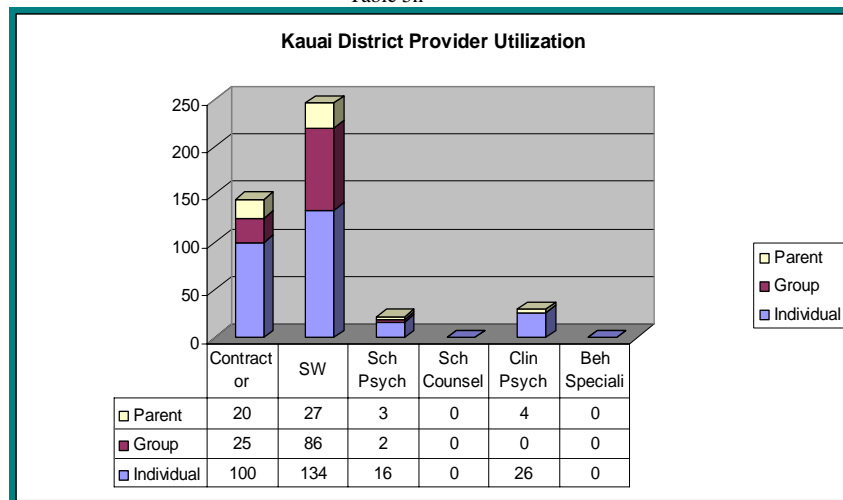
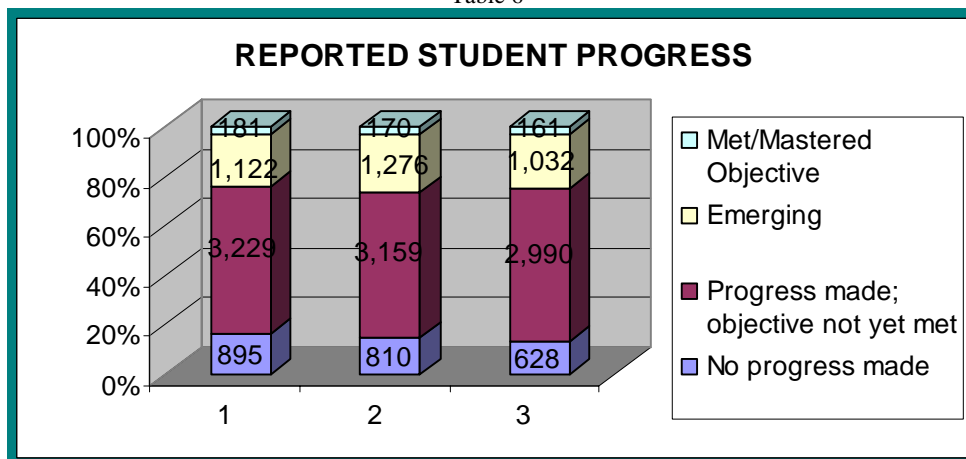


Table 5h



Reported Student Progress

Table 6

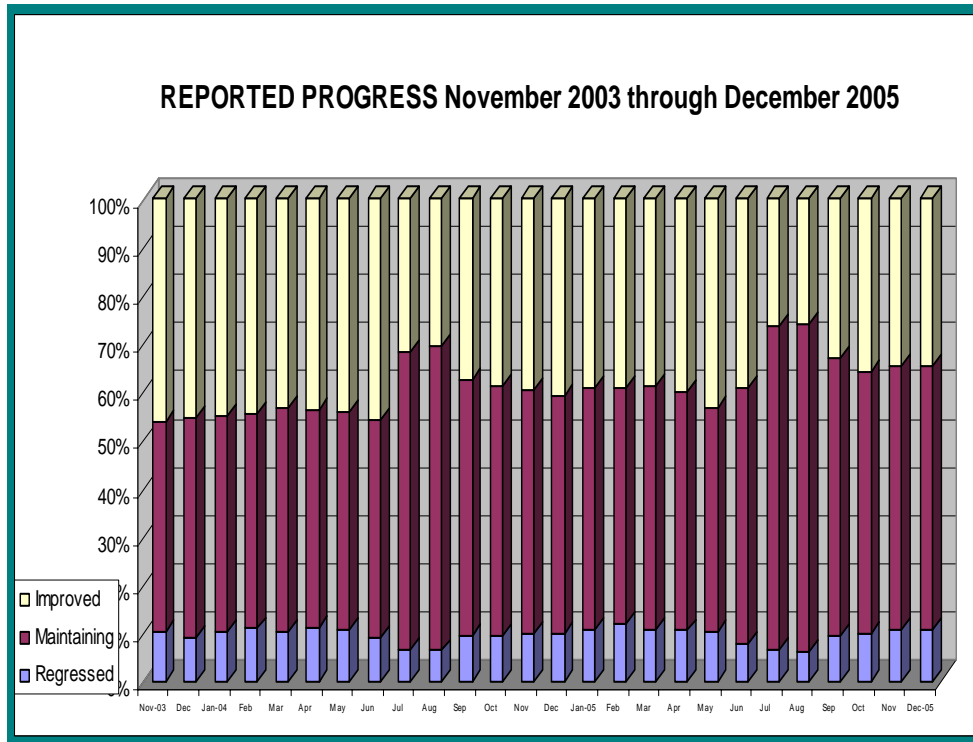


The progress of students who received IEP/MP-related SBBH services are now reported utilizing the categories in ISPED. Staff reported progress for 5427 students in January, 5415 in February, and 4811 in March (Table 6). During the first two months of this quarter, staff reported progress levels for 90% of the students compared to the average of 88% reported last quarter.

Of the students making progress this quarter, consistently, 3% of all the students whose progress was reported each month, met/mastered the objective. Thirteen to 16% of the students reported made no progress during this quarter as compared to 10% reported to have regressed last quarter. The revised data log which utilizes ISPED categories provides better information on overall student progress than the previous data, which reported progress in only three broad categories of “improved, regressed, and same.” (Table 7). Although data indicates an increase in the number of students receiving services at Levels 1, 2, and 3, those students receiving CSSS Levels 4 and 5 services have increasingly significant and complex needs.

Although reported student progress is a subjective measure, the data indicates positive outcome. With the implementation of the BASC-2 last Spring, along with focused trainings, data will be utilized by SBBH staff to focus on student needs, writing measurable goals and monitoring student progress toward reaching those goals. Statewide training has focused on the development of measurable goals and objectives, strategies for achievement of the necessary skills, and monitoring of progress for each student.

Table 7



Tables 6 and 7 are conservative reports of the students served during a specific month. Students who no longer require services removed from the next month's data. The above information should be considered along with data on the number of students who are new or exiting from SBBH as an IEP/MP related service.

Focus of Services

In reviewing the data available over the past year and a half, ratios continue to remain generally similar, with only a 2%-4% fluctuation in the focus of services for SBBH students. This quarter's data indicated a shift in focus of services. There was a 5% increase in the number of students whose focus was on cooperation/compliance skills and a 4%-7% decrease in focus on emotional/coping skills. An average of 19% of students receiving SBBH (CSSS levels 4 and 5) services focused on attention skills development, while, the same percentage of students focused on social skills development (Table 8).

Table 8

Focus of Services								
MONTH	Attention		Emotional		Cooperation		Social Skills	
Apr-04	907	18%	2,009	39%	1,174	23%	1,030	20%
May-04	882	17%	2,079	40%	1,209	23%	1,081	21%
Jun-04	778	17%	1,828	39%	1,088	23%	956	21%
Jul-04	742	18%	1,606	39%	931	23%	797	20%
Aug-04	914	19%	1,724	37%	1,058	22%	1,026	22%
Sep-04	1,041	20%	1,978	37%	1,160	22%	1,121	21%
Oct-04	1,015	20%	1,881	37%	1,160	23%	1,030	20%
Nov-04	1,060	20%	2,068	38%	1,185	22%	1,092	20%
Dec-04	1,079	19%	2,146	38%	1,247	22%	1,109	20%
Jan-05	1,022	18%	2,140	39%	1,218	22%	1,151	21%
Feb-05	1,067	19%	2,156	38%	1,272	23%	1,135	20%
Mar-05	1,041	18%	2,130	38%	1,328	23%	1,155	20%
Apr-05	993	18%	2,146	38%	1,325	24%	1,126	20%
May-05	999	19%	2,066	38%	1,228	23%	1,082	20%
Jun-05	787	18%	1,727	39%	1,021	23%	838	19%
Jul-05	548	16%	1,348	41%	795	24%	634	19%
Aug-05	794	18%	1,707	38%	1,077	24%	866	19%
Sep-05	411	18%	866	37%	519	22%	534	23%
Oct-05	932	19%	1,973	40%	1,139	23%	943	19%
Nov-05	942	18%	1,968	39%	1,213	24%	987	19%
Dec-05	916	18%	1,896	38%	1,158	23%	986	20%
Jan-06	947	19%	1,618	33%	1,366	28%	975	20%
Feb-06	1050	19%	1,845	34%	1,504	28%	1036	19%
Mar-06	903	19%	1,564	34%	1,300	28%	900	19%

Students receiving SBBH as an IEP/MP Related Service: Exits and Entrances

A total of 282 students with IEPs or 504 Modification Plans were *newly identified* as needing SBBH services this quarter. The trend over the past two years indicate referrals are slow at the beginning of the school year, increase, peak and taper during the school year. Data from the past five quarters indicate declining numbers of newly identified students needing formal SBBH services. Trend over time reveals an atypical decrease during the second and third quarter of the year. Data is, however, commensurate with the generally lower SBBH population being reported, as well as, increasing numbers of students receiving early interventions/services.

Table 9

STUDENTS RECEIVING SBBH AS IEP/MP RELATED SERVICE: ENTRANCE AND EXIT					
	New to SBBH	Transferred in	Met goals/ Grad.	Moved	Parent Decision
Sep-03	111	226	160	353	42
Oct	126	102	76	129	24
Nov	208	179	181	226	66
Dec	164	136	122	154	54
Jan-04	235	208	118	240	53
Feb	248	171	119	231	54
Mar	241	169	113	196	46
Apr	247	156	151	197	46
May	217	134	185	153	45
Jun	158	96	358	153	52
Jul	149	290	186	227	42
Aug	233	533	132	174	25
Sep	100	138	60	58	10
Oct	172	203	59	110	26
Nov	222	159	79	152	28
Dec	214	141	71	144	20
Jan-05	225	139	119	188	30
Feb	167	137	103	158	22
Mar	130	83	86	99	4
Apr	186	92	112	129	18
May	176	80	181	139	11
Jun	149	120	372	294	19
Jul	121	293	205	149	18
Aug	185	426	102	158	9
Sep	155	205	90	121	17
Oct	128	144	83	116	21
Nov	136	128	90	76	5
Dec	121	93	67	61	5
Jan-06	82	91	57	112	10
Feb	102	98	62	131	17
Mar-06	98	49	62	93	20

This quarter, 181 more students met goals and exited the program, totaling 1483 students for the past twelve months. Three thousand nine hundred sixty-one (3,961) students have exited the programs since September 2003. This information is collected through SBBH data logs. When data is eventually automated on a database, more precise information will be captured.

Data continues to reflect much movement of students into or out of service, or among DOE schools illustrating that the DOE system is highly fluid and not static. Two hundred thirty eight (238) identified SBBH students transferred between schools this quarter presenting numerous challenges for the SBBH staff statewide in developing relationships with new students and parents, understanding student needs, and developing plans and providing services.

Early Intervention Services

DOE personnel who provided the services for students requiring IEP/MP-related SBBH services also provided early intervention services for Non-Felix-class students, as envisioned in the context of the Comprehensive Student Support System (CSSS) and the array of supports available to all students.

Seventy-two thousand three hundred eighty-three (72,383) non-IDEA/504 students were provided consultation, observation, classroom guidance instruction, functional behavioral assessments/behavior support plans, walk-in counseling, and other assistance to classroom teachers and students this past quarter compared to the 62,630 students served last quarter (Table 10).

The staff providing SBBH services to Felix-Class students which includes counselors, behavior specialists, social workers and psychologists reported statewide provision of 66,728 hours of early intervention SBBH services this quarter compared to 46,590 in the previous quarter. These services included individual, classroom, and consultation supports in addition to CSSS level 1 to level 3 supports and services provided by other counselors who do not serve Felix-Class students.

Table 10

Non-IDEA/504 Students served		
Month	# of Non-IDEA/504 Served	# of Non-IDEA/504 Hours
January-04	14,747	16,359
February-04	15,117	12,514
March-04	16,425	27,098
Quarter Total	46,289	55,971
April-04	21,851	25,451
May-04	21,905	23,517
June-04	4,388	3,956
Quarter Total	48,144	52,924
July-04	2,782	6,588
August-04	20,733	24,986
September-04	23,250	31,490
Quarter Total	46,765	63,064
October-04	26,011	22,930
November-04	26,610	26,257
December-04	21,401	21,758
Quarter Total	74,022	70,945
January-05	24,045	18,477
February-05	25,508	19,510
March-05	21,489	15,318
Quarter Total	71,042	53,305
April-05	25,729	24,966
May-05	24,602	18,706
June-05	4,146	5,611
Quarter Total	54,477	49,283
July-05	6,022	6,963
August-05	16,207	11,417
September-05	24,361	16,396
Quarter Total	46,590	34,776
October-05	21,288	12,249
November-05	24,753	23,691
December-05	16,589	14,915
Quarter Total	62,630	50,856
January-06	21,173	22,785
February-06	27,088	22,048
March-06	24,122	21,895
Quarter Total	72,383	66,728

Functional Behavioral Assessments are an integral part of SBBH service delivery. An FBA provides early intervention information that leads to the development of a Behavior Support Plan. The process allows teachers, other staff, and families insight regarding unproductive student behaviors, student's strengths, and the changes necessary to increase more adaptive behaviors that support student achievement. The data in Table 11 reflects the numbers of FBAs conducted by non-supervisory level psychologists, behavioral health specialists, counselors, and social workers. Staff completed an additional 960 FBAs across the five levels of CSSS this quarter which is a significant drop (nearly half) and incongruent when compared to 1768 and 1994 FBAs in the past two quarters and the trend over the past two years. Reduction of reported FBAs is believed to be related to the transition to the new data log.

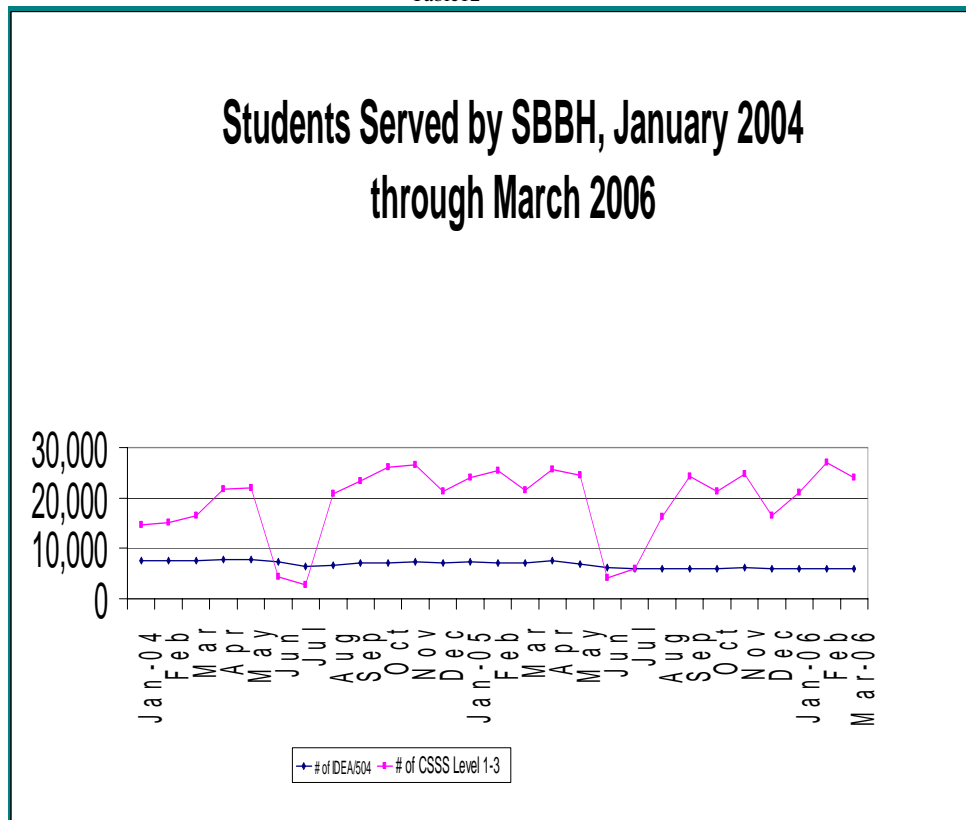
Table 11

FBAs Provided to Non-IDEA/504 Students	
Month	# of FBAs
April-04	567
May-04	506
June-04	224
Quarter Total	1,297
July-04	160
August-04	341
September-04	653
Quarter Total	1,154
October-04	1,006
November-04	720
December-04	562
Quarter Total	2,288
January-05	497
February-05	554
March-05	555
Quarter Total	1,606
April-05	538
May-05	551
June-05	294
Quarter Total	1,383
July-05	1,021
August-05	346
September-05	627
Quarter Total	1,994
October-05	638
November-05	671
December-05	459
Quarter Total	1,768
January-06	314
February-06	337
March-06	309
Quarter Total	960

In addition to FBAs, early intervention services to CSSS level 1 to level 3 students increased steadily throughout the year with the exception of a decrease noted during the summer months, the partial school month of December, and in March when spring break occurs, as seen in Table 12. Similar trend is noted for

this school year, with a greater decrease in December. Also notable is that the number of students receiving SBBH IEP/504 related services has remained relatively stable, while more students are accessing services earlier. Effort is evident in the provision of early intervention services. Data reflects system responsiveness based on the numbers of non-disabled students accessing services, indicating awareness, identification, and utilization of School-Based Behavioral Health supports across the levels of CSSS to meet students' needs as soon as possible.

Table12



SBBH services are provided within the Comprehensive Student Support System (CSSS). As predicted in December 2000, as more students are supported with CSSS levels 1 to 3 (magenta, top line) school interventions and supports, fewer students require the more intensive services (lower, black line).

Performance Goal # 14:

- a) 60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach.*
- b) Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample.*

Progress Toward Reaching Performance Goal A**Implementation of Data Collection**

Consistent with the goal of continuous SBBH program improvement, a substantially better model of SBBH program evaluation was developed and introduced in the July- September 2004 quarterly report. More specific information about these changes and advantages of these changes along with the data collection model were included in subsequent quarterly reports.

Overall, BASC-2 data collection has proceeded well from the perspective of counseling providers administering the BASC-2 as required. Although there has been some variability among the districts and individual counseling providers in their level of compliance, this has continued to improve during the past quarter. An improved list that gives the status of BASC-2 completion for students receiving counseling as a related service is now sent to the respective counseling providers at least once each quarter. This list also gives them the date when the next BASC-2 administration is required for each student.

During the next quarter, additional effort will target increased compliance with BASC-2 administrations for those counseling providers who have the lowest percentage of BASC-2 completion. This will include an additional reminder in early May as well as a review of their progress or lack of progress. All of these reminders have also been sent to the counseling provider's direct supervisor as well as the SBBH Program Coordinator for their district. One district includes compliance with BASC-2 administrations in all counseling providers' annual performance reviews, and most districts now include this in the review when there has been a problem.

Progress in BASC-2 Software Implementation

The BASC-2 client-server software has continued to work well this quarter, with only minor problems. There was a problem in mid January 2006, which was described in the last quarterly report, and total down time (when counseling providers could not access the network to score BASC-2 protocols) since then has been less than two hours.

At the beginning of this quarter approximately 550 users were connected to the network database. Currently, approximately 678 users are able to connect to the network, which exceeds the goal set for this quarter by 28 users. Although additional providers will continue to be connected to the network, as needed, the vast majority of counseling providers have now been connected. Over the next quarter between 50 and 100 new users are anticipated. Because most counseling

providers are now connected to the server, manual forwarding of merge files and importing of the BASC-2 data on the server database this quarter was needed for less than 10% of the data. This has allowed the time absorbed in this clerical task to be reallocated to data analysis.

BASC-2 Data Analysis to Determine SBBH Program Effectiveness

To address the first criteria for Performance Goal 14 that “60% of all students receiving SBBH services will show **improvement in functioning on at least one scale on the Teacher Rating Scales (TRS)** form of the BASC-2,” both a baseline and follow-up measurement is needed. Only cases where at least three months had passed between the baseline and the follow-up administration of the TRS were included in this analysis. An improvement of 4 T score points was identified as the criteria for significant improvement on a scale. This criteria assures that progress exceeded the standard error of measurement for these scales to assure that these are true changes in student functioning. This is the first quarter that there were a sufficient number of students who had both of these the baseline and follow-up measurements available for data analysis.

Cases for Progress Analysis

BASC-2 Scale	Age Range	Total Available	Cases With No Scale Elevation	Cases Analyzed	Cases with Clinical Scale Reductions	Met Progress Criteria
TRS-A	12-21	215	58	157	134	85%
TRS-C	6-11	292	11	281	237	84%
TRS-P	2-5	5	0	5	4	80%
Total	2-21	512	69	443	371	84%

Although 512 cases had both baseline and follow-up measurements on the TRS, 69 of those cases were not included in the analysis because none of the 20 clinical scales were elevated into even the “at risk” range (T score of >60). It appears that these students received counseling for a reason other than problems measured by the BASC-2. It is important to study the progress for students who demonstrate problems at a level where normative comparisons indicate that they are functioning in the “at risk” range, but it is not appropriate to expect that students who are already functioning in the average range will show additional reduction in clinical scales from counseling services. The authors of the BASC-2 recommended that these cases should be excluded from this analysis because although the TRS is effective in discriminating between students who are in the “average” or the “at risk” ranges on these scales, these scales were not designed to identify significant changes for students who are already functioning in the average range.

When examining the overall progress made by the 443 students across all age ranges, 84% of these students made progress on at least one clinical scale, which exceeds the criteria for this performance goal by 24%. It is also evident that consistent progress was obtained across all age ranges. 85% of the students, age 12-21 showed progress on at least one clinical scale on the TRS-A, and 84% showed progress on at least one scale on the TRS-C. Although only 5 cases met the criteria described above for inclusion in the analysis of the TRS-P, 4 of those cases, or 80% made progress on at least one clinical scale.

Parent Rating Scales Progress Analysis

BASC-2 Scale	Age Range	Total Available	Cases With No Scale Elevation	Cases Analyzed	Cases with Clinical Scale Reductions	Met Progress Criteria
PRS-A	12-21	41	5	36	28	78%
PRS-C	6-11	59	7	52	42	81%
PRS-P	2-5	0	N/A	N/A5	N/A	N/A
Total		100	12	88	70	80%

Although analysis of the Parent Rating Scales (PRS) is not required to address this performance goal, it should be noted that reductions in clinical scales similar to the level described above on the TRS were also found on the PRS. As seen in the table above, there was at least one clinical scale reduction in 80% of the cases.

Self Report of Personality Progress Analysis

BASC-2 Scale	Age Range	Total Available	Cases With No Scale Elevation	Cases Analyzed	Cases with Clinical Scale Reductions	Met Progress Criteria
SRP-A	12-21	70	6	64	55	86%
SRP-C	8-11	37	5	32	30	94%
Total		107	11	96	85	89%

Although this analysis of the Self Report of Personality (SRP) is also not required to address this performance goal, it should be noted that reductions in clinical scales similar to the level described above on the TRS and PRS were also found on the SRP. As seen in the table above, there was at least one clinical scale reduction in 89% of the cases.

Teacher Rating Scales Clinical Scale Reductions

BASC-2 Scale	Range of Scale Elevations	Total Elevated Scales	Total Elevated Scale Reductions	Portion of scales reduced
TRS-A	1-20	1,131	713	63%
TRS-C	1-20	3,274	1,875	57%
TRS-P	4-15	56	20	36%
Total	1-20	4,461	2,608	58%

Although not a required part of the analysis for this performance goal, another approach to evaluating the progress made by these students is to examine the reduction rates obtained on all of clinical scales that were elevated at the “at risk” range. 4,461 clinical scales were elevated across the 443 cases, which is an average of 10 clinical scale elevations per student on the TRS. Although there was great variability in the progress level obtained for individual students and the number of clinical scales elevated per student (1-20), the overall portion of clinical scale reductions was 58% for an average of 6 clinical scale reductions per student.

Parent Rating Scales Clinical Scale Reductions

BASC-2 Scale	Range of Scale Elevations	Total Elevated Scales	Total Elevated Scale Reductions	Portion of scales reduced
PRS-A	1-17	327	152	46%
PRS-C	1-16	477	261	55%
Total	1-17	804	413	51%

On the PRS there was an average of 9 clinical scale elevations per student. The overall portion of clinical scale reductions was 51% for an average of 5 clinical scale reductions per student.

Self Report of Personality Clinical Scale Reductions

BASC-2 Scale	Range of Scale Elevations	Total Elevated Scales	Total Elevated Scale Reductions	Portion of scales reduced
SRP-A	1-14	385	220	57%
SRP-C	1-13	221	132	60%
Total	1-20	606	352	58%

On the SRP there was an average of 6 clinical scale elevations per student. The overall portion of clinical scale reductions was 51% for an average of 4 clinical scale reductions per student.

In summary, the performance goal that “60% of all students receiving SBBH services will show improvement in functioning on at least one scale on the Teacher Rating Scales (TRS) form of the BASC-2” was met. 84% of these students met the criteria, indicating that this benchmark was exceeded by 24%. Although they were not required, additional analyses were performed on data from the PRS and SRP, and this data indicated that parents and students noted similar levels of reduction in clinical scales. These findings provide some evidence that in addition to progress noted in the school setting, progress was evident in the home environment and that students also noted the progress they made. The criteria to meet this performance goal only required improvement on one clinical scale, but it is noteworthy, that an average reduction of 6 clinical scales per student was found on the TRS. An average of five clinical scale reductions were found on the PRS, and there was an average of 4 scale reductions was noted on the SRP.

Plans for Future Data Analysis to Further Examine SBBH Program Effectiveness

The foundation for a quantifiable system to assess program effectiveness is now in place. The collection of baseline and follow-up data for students receiving counseling as a related service since the initial administration of the BASC-2 will be completed by January 2007.

Progress Toward Reaching Performance Goal B

Performance Goal b states:

A “Measurable Goals and Progress Monitoring” pilot project will be implemented in at least one complex during the last quarter of the current school year.

West Hawaii district and Molokai complex were selected for participation in this pilot project, and one session was held in Molokai during this quarter. This primarily involved continued review of cases to assure use of baseline information to formulate measurable goals for the IEP and BSP. Follow-up data identified in the measurable goals and from the BASC-2 were also reviewed to assess progress in these cases and to determine if the performance criterion for the measurable goals was met. One session will be held in West Hawaii in June or July 2006, which will complete this pilot study.

The longer-term goal is to use progress monitoring of measurable goals in conjunction with the BASC-2 data to further examine the effect of counseling interventions and other supports on goal attainment. The positive feedback from participants in this pilot project along with the increase in use of data to monitor progress exhibited by these complexes indicates that a plan should be developed for expansion of this training into other complexes across the state. As skills in using this data increased, the number of participants graphing student data in West Hawaii has also increased dramatically, and Molokai Complex had 100% compliance with the collection of required BASC-2 data.

Performance Goal #15: System performance for students receiving SBBH services will not decrease.

Development of a System for Continuous Self-Monitoring

As stated in the Felix Decree, “The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.”

Multiple overlapping approaches are currently functioning and are being developed to provide the continuous self-monitoring needed to optimize the functioning of the SBBH Program, in particular, and the mental health support system for students, in general. Four significant activities for continuous self-monitoring are described below.

- 1) The State Interagency Quality Assurance Committee (SIQAC) has continued to meet on a monthly basis to broaden interagency collaboration and inter-systems performance between agencies who jointly serve our students. Continued work on FY 2006 goals include the development of an interagency Memorandum of Understanding, a statewide quality assurance system that also monitors how agencies are working together, orientation for new members, timeline for adding new members, improving QA response system, task force for interagency guidelines, alignment/ identification of QA practices,

defining Data sets, monitoring of District QA Practices, April 2006 QA Retreat, Out-of-State Study, and defining what comes to QA. Additional current activities include the development of interdepartmental transition guidelines.

2) As BASC-2 baseline data is gathered for an increasing portion of students receiving counseling as a related service and follow-up data is obtained, a more reliable and comprehensive view of student needs and progress becomes available to guide the SBBH program and other systems of support for students. Currently, 14,351 behavior rating scales have been entered into the BASC-2 data base, which is a 20% increase over the estimated 12,000 behavior rating scales in the data base reported last quarter. There is now data regarding 6,046 students in the database, which is a 51% increase over the 4,000 students reported last quarter. This total is noteworthy.

The BASC-2 is also being used to monitor progress for students who are receiving counseling at the earlier levels of CSSS. This continued focus on early intervention and progress monitoring appear to be factors in the reduction in number of students who need counseling as a related service. The following approaches will be used to inform SBBH staff and others within the various systems in and out of the Department of Education so they can use this data to guide program development/coordination.

- Tables of high frequency and low frequency of “At Risk” and “Clinical” Scale elevations on BASC-2 Scales for students receiving counseling as a related service will be updated. As described in previous reports, these tables outline the types of problems exhibited by students currently receiving counseling as a related service.
- More detailed district-level analyses will be reviewed with SBBH Program Coordinators.
- The BASC-2 data continues to be shared with programs, departments and agencies that have a common interest in prevention, early intervention and treatment for children with emotional/behavioral problems to focus and activate resources to address our shared agenda.

Evaluation of student progress is critical to SBBH program evaluation. Many critical steps have been taken this quarter to maintain and improve the implementation of the BASC-2 for SBBH program evaluation. Examples of improvements made this quarter include:

- Methods for comparing databases and prompting counseling providers have continued to improve this quarter. For the first time information from the integration of data from the BASC-2 data base, the SBBH data log and ISPED was given to all counseling providers and their supervisors for all of the students for whom they provide counseling as a related service. This included a list of the BASC-2 scales currently in the network database, IEP/MP review dates and other data that is useful in identifying BASC-2 administrations that are due or overdue. An unforeseen benefit has been the utility of this list in identifying discrepancies in these databases that need to be corrected. This helps assure that important data used for continuous program improvement is accurate and up to date. Since direct supervisors of the counseling providers and district-level SBBH Program Coordinators also receive these lists, they are able to quickly and more efficiently identify counseling providers and supervisors who are not performing at an acceptable level, allowing more time to assist these supervisees. This list will

continue to be sent at least once per quarter. A new list will also be provided each quarter, including a comparison with progress made since the last reminder, for the providers who demonstrate a low level of compliance with required BASC-2 administrations.

- Districts and counseling providers who are not connected to the network database must manually forward merge files to the SBBH State Office. This is a cumbersome process with great potential to lose data, but it was the only option available when the BASC-2 was first implemented. Significant progress has been made this quarter both in assuring that all of the data submitted previously is included in the network database and in assuring that counseling providers are connected to the network server. This has reduced the manual forwarding of merge files to less than 10% of the level from last quarter.
- Continued extensive collaboration with American Guidance Services has focused on the on-going development of the BASC-2 client-server software. This includes identification of some glitches, which have been repaired, and a new revision of this software, was installed on January 20, 2006. No additional problems have been identified since that time.
- Approximately 50 staff were connected to the server database for Beta testing in July 2005, and over 350 users were connected by October 2005. Over 678 users are currently connected to the server database. Because there are several steps involved in installing the software, extensive support has been needed, which has primarily been provided by the state school psychologists. Many district-level staff have now been trained in installation. Nearly all of the Psychologists and Behavioral Specialists are connected to the network and most of the school counselors are now connected to the network database. It is estimated that 50-100 new installations will be required during the next quarter including connecting some staff that still have not been connected and connecting new staff.
- The State School Psychologist has collaborated with Dr. Cecil Reynolds, co-author of the BASC-2, to develop a training module for DOE psychologists. Much of this focus has been to identify case studies that will teach participants essential steps in interpretation. This training will help assure accurate understanding of findings and identification of information gathered by the BASC-2 that is useful for matching student needs with interventions.

3) The Hawaii “Communities of Practice” Core Group continues to meet every two months to facilitate ongoing communication among stakeholders as they identify their “shared agenda” in improving access to information, access to mental health services, and the capacity to provide services to children. Representatives of the group are preparing to attend the 11th Annual Conference on Advancing School Mental Health in September and present a session on “Hawaii’s Community of Practice-Integrating Mental Health and Education.”

4) As noted in the report for last quarter, the State SBBH Office contracted William Dikel, M.D., to conduct an SBBH Program Evaluation. This evaluation has been completed and the final report was received and distributed to administrators who oversee the SBBH Program in early March 2006. An executive summary is being prepared and both are expected to be reviewed by the State Superintendent, Patricia Hamamoto, in May. Relevant findings and recommendations will be included in the next quarter report.

SBBH Leadership

SBBH leadership continues to provide stability for the SBBH Program.

- The SBBH State Educational Specialist has been that position since November 2003.
- The doctoral-level State School Psychologist has been in that position since May 25, 2004.
- The Masters-level State School Psychologist has been in that position since August 2003.

All district-level SBBH Program Coordinators positions have been filled and stable since summer 2004. The State Educational Specialist and four of the eight district coordinators have been involved with SBBH since the conception of the program, providing the broader vision and the long-term stability. The SBBH Educational Specialist and State School Psychologists have continued to attend meetings with SBBH staff throughout the state to provide training or programmatic support, which is needed to resolve problems and optimize their functioning. Consistent leadership, networking and collaboration continue to be critical in system sustainability and improvement.

As of January 2006, a Resource Teacher has joined the SBBH program at the state level. She will be assisting in the development and monitoring of DOE Intensive Learning Centers (ILCs) throughout the state. Standards, guidelines and monitoring of the ILCs are important to assure that students with severe emotional and behavioral problems receive their educational program within the least restrictive environment, with appropriate educational and therapeutic supports.

In the next fiscal year, the SBBH State Office plans to establish a state clinical psychologist position to collaborate with the state school psychologist. Together they will refine an integrated approach to delivering evidence-based, appropriate, and effective services to address behavioral/mental health needs. This position will also provide clinical support for psychologists and supervision for unlicensed psychologists who do not have clinical supervision.

Statewide Training

During this quarter, introductory BASC-2 training was provided for new staff and staff who were not able to attend previous training, but the primary state-wide professional development efforts targeted integration of content and skills training that has been provided over the past two years. These new training programs were piloted as we retool to provide this training statewide. There was also an increase in branching out to include more school counselors and entire IEP teams in trainings provided by SBBH in order to increase collaborative relationships with these groups.

Extensive planning for the Hawaii Association of School Psychologist Annual Conference, which is co-sponsored by the Department, has been another primary focus this quarter. For the first time, this conference has been expanded to three consecutive days of training opportunities. In addition to DOE staff, invitations will be extended to contracted providers, DOH, and faculty and graduate students from universities training our future psychologists.

Improvement of the BASC-2 database has been a priority this quarter. This data will be used next quarter to identify training in evidence-based interventions needed to address high incidence problem areas and areas where data indicates lower progress rates. These

professional development sessions will be held during school recesses, beginning in mid June 2006 after the current school year ends, when fewer students will require SBBH services. This maximizes staff availability for provision of services to students while still providing training opportunities.

Statewide Training

1) Training on the Behavioral Assessment for Children, Second Edition (BASC-2): An Introduction, which included implementation procedures, use of the BASC-2 for progress monitoring, administration of the BASC-2 Student Observation System (SOS) and an introduction to interpretation of BASC-2 rating scales computer reports, was provided by a State School Psychologist on 1/24/06. Thirty-eight DOE staff attended this training including school psychologists, behavioral specialists, social workers, and school counselors. Workshop evaluation ratings were 4.6 for the presenter, 4.4 for content, 4.3 for process and 4.2 for application on a 5-point scale.

Support for implementation of the BASC-2 is being provided during statewide and district-level meetings and trainings. In addition to formal training, technical assistance for the use of the BASC-2 is being provided through the State School Psychologists and the test publisher, American Guidance Services (AGS). State school psychologists have provided several hundred consultations via telephone and e-mail during this quarter.

2) Teacher Consultation: Use of the BASC-2 Student Observation System (SOS) and Behavioral Support Plan (BSP) to Improve Student Outcomes was provided for 29 Windward District school counselors on 1/25/06. Workshop evaluation ratings were 4 for presenter, 4 for content, 4 for process and 4 for application on a 4-point scale.

3) Monitoring the Effectiveness of IEP Goals training was conducted in East Hawaii on 1/31/06 with 35 participants. An important feature in this training was attendance by entire IEP teams including special education teachers, principals, SBBH staff, and other regular team members, and they were trained as a group using IEPs for their students. Although numerical ratings were not collected, feedback was very positive, and an additional session of this training was scheduled for 4/17/06. A follow-up session to review data collected based on this workshop has also been requested.

4) Pilot Training Project-“Putting it All Together”

Over the past 20 months statewide trainings have been provided on writing measurable goals and monitoring progress toward goal attainment. BASC-2 implementation began a year ago, and training in interpretation, integration of information and use of this data for student progress monitoring has also been a focus since then. A third emphasis has been placed on use of evidence-based interventions. The second session of the pilot training, identified in **Performance Goal 14 b**, focused on integrating all of these skills while reviewing their own cases

in small groups. This second session was held in Molokai on March 23, 2006. Workshop evaluation ratings were 5 for the presenter, 5 for content, 5 for process and 5 for application on a 5-point scale. The second training session for the other pilot training site, West Hawaii, will occur next quarter.

District-Level Training

One hundred sixteen formal district-level training sessions were reported this quarter, a 24% decrease compared with the 153 sessions provided last quarter. However, in contrast to the same period a year ago, there was only a 6% reduction as 123 sessions were reported during the October-December 2004 quarter. The total number of 2,190 staff reported as attending these trainings is a 38% decrease from 3,533 staff reported attending training last quarter. When this quarter is compared with the 3001 staff trained during the same quarter in 2004, a 27% decrease is noted. This data identifies a small decrease in the number of district-level training sessions provided by districts across the state, but there is a moderate reduction in the number of staff attending this training. There was considerable variability in both the number of training sessions and the number of attendees, which is partially due to some districts tending to provide almost all of their own training and other districts that have made more requests for training from the state office. This issue will be reviewed by the SBBH program Coordinators during the next quarter.

In every district, multiple role groups attended trainings and completed standardized evaluations of the presentation. Quality measures averaged 4.5 for the presenter, 4.4 for Content, 4.3 for Process and 4.4 for Application on a 5-point scale, which indicates high consumer satisfaction and utility. A broad range in session topics was provided including: FERPA, Why Try, Standards of Practice, Procurement Procedures, Working with Students with Autism Spectrum Disorder, Autism and Asperger's Syndrome, Mediation Workshop, CSSS Cadre, Hard to Handle Workshop, Developmental Training, Developmentally Appropriate Behavioral Interventions for PK and Elementary Students, Contract Training, OSEP Training, Internal Review Debriefing, Crisis Prevention Intervention Workshop, Improving Reports, Improving Groups, BASC-2 Integration, BASC-2 Implementation, BASC-2 Interpretation, SBBH Guidelines Training, Working with Defiant Children, Sexualized Behavior: Special Interest Group, Treatment of Adolescents that Offend Sexually, Comprehensive Assessment and Treatment of Adolescents that Offend Sexually, Characteristics of Autism Spectrum Disorder, CSSS Database, Future Horizons Conference, FBA/BSP Training, Self-Injurious Behavior, Behavioral Techniques, Woodcock Johnson III, Reactive Attachment Disorder, Family Court Petitions, Eligibility Process, ISPED for 504 Services, Autism Assessment (ADOS), and WISC-IV Training.

Supervision

In addition to the subject-focused group training sessions, staff continues to receive ongoing professional supervision. This is equally important in order to assure application of concepts learned through formal training sessions and to monitor the use of evidence-based interventions. District School Psychologists, Clinical Psychologists, Program Managers and School Psychologists-Complex Based monitored the application of training into service delivery through supervision, consultation, and one-on-one assistance. This quarter's data is compared with last quarter and with the same quarter (January-March) in 2005. The comparison with the same quarter last year is most useful

because it is not affected by changes in these services when students are on extended breaks.

There was a range of 61-67 psychologists and program managers reporting each month during this quarter with an average of 63 reporting their activities. There was a 3% decrease in staff reporting this quarter compared with the average of 65 who reported last quarter, but there was an 18% increase in staff reporting this quarter when compared with the average of 55 for the January-March quarter in 2005. This small decrease in supervisory staff this quarter appears to be due to staff on leave.

- During this quarter, a total of 1,647 supervision sessions were provided to SBBH staff, which is a 6% decrease over the 1,759 supervisory sessions reported last quarter. When this quarter is compared with the 1,316 supervision sessions reported for the January-March quarter in 2005, there is a 25% increase in supervision.
- This quarter 185 training sessions were provided by these staff, which is a 33% decrease when compared with the 278 training sessions reported last quarter. This is a 27% decrease when compared with the 252 training sessions provided during the January-March quarter 2005. This moderate decrease in training sessions also appears to be related to the decision that fewer trainings should be offered when school is in session, and more training is planned for when school is recess in the second half of June and early July 2005.

Consultations

Psychologists and Program Managers also provide direct services for students, including assessments, FBA/BSPs and consultations, which are requested when students demonstrate persistent emotional and behavioral problems. The information gathered through these direct services is used to develop recommendations that identify evidence-based interventions and behavioral supports to be implemented at various levels of the system.

- Psychologists and program managers delivered 5,115 consultations this quarter, which is a 27% decrease when compared to the 6,991 consultations provided last quarter. When compared to 4,585 consultations reported for the January-March quarter 2005, there is a 12% increase in this quarter.
- This quarter 275 FBA/BSPs were performed, which is a 15% decrease when compared to the 324 FBA/BSPs reported last quarter. However, when this quarter is compared with the 274 FBA/BSPs reported for the January-March 2005 quarter, no significant change is noted.
- During this quarter 458 counseling/parent training sessions were provided, which is a 9% decrease compared with the 501 sessions provided last quarter, but there is a 33% reduction when this quarter is compared with the 685 sessions January-March quarter 2005. This indicates a small decrease in counseling/parent training sessions provided

this quarter, but there a longer-term moderate trend toward psychologists and program managers providing fewer of these direct services. This trend will be further reviewed at the SBBH Program Coordinators meeting to determine the impact on the SBBH program and possible solutions.

- Four hundred forty-three assessments were performed this quarter which is a 4% decrease compared with 462 assessments reported last quarter, but a 6% increase when this quarter is compared with the 416 assessments reported for the October-December 2004.

January-March 2006 Psychologist and SBBH Supervisory Activity Data

Professional Activities	January Total	February Total	March Total	Quarterly Total
Consultations	2,058	1,661	1,328	5,115
FBA/BSPs	128	81	66	275
Counseling/Parent Training	95	211	152	458
Assessments	141	134	168	443
Observations	196	212	174	582
Student Meetings (SST, Core, IEP/MP, Peer Review)	743	978	742	2,463
Non-student Meetings	324	365	336	1025
Court Involvements	11	6	10	27
Data input (ISPED) sessions	141	135	98	374
Supervision	559	577	511	1647
Provide Training	62	64	59	185
Receive Training/Research	124	72	175	371
Number of Professionals	61	62	67	

October-December 2005 Psychologist and SBBH Supervisory Activity Data

Professional Activities	October Total	November Total	December Total	Quarterly Total
Consultations	2,314	2,698	1,979	6,991
FBA/BSPs	119	125	80	324
Counseling/Parent Training	215	207	79	501
Assessments	131	171	160	462
Observations	231	213	184	628
Student Meetings (SST, Core, IEP/MP, Peer Review)	832	860	692	2384
Non-student Meetings	429	480	334	1243
Court Involvements	6	6	9	21
Data input (ISPED) sessions	228	169	97	494
Supervision	630	618	511	1759
Provide Training	93	102	83	278
Receive Training/Research	129	115	108	352
Number of Professionals	65	64	65	

January-March 2005 Psychologist and SBBH Supervisory Activity Data

Professional Activities	January Total	February Total	March Total	Quarterly Total
Consultations	1,381	1,654	1,550	4,585
FBA/BSPs	84	102	88	274
Counseling/Parent Training	180	233	272	685
Assessments	138	144	134	416
Observations	167	205	188	560
Student Meetings (SST, Core, IEP/MP, Peer Review)	557	614	525	1,696
Non-student Meetings	302	380	324	1,006
Court Involvements	46	52	53	151
Data input (ISPED) sessions	113	173	181	467
Supervision	370	457	489	1,316
Provide Training	71	93	88	252
Receive Training/Research	91	109	108	308
Number of Professionals	51	56	58	

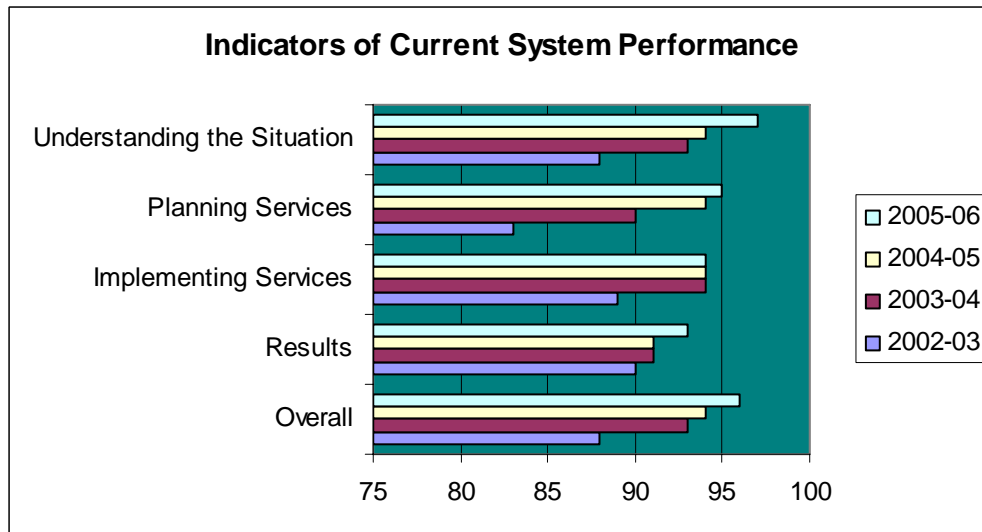
Difficulty in recruiting and retaining clinical psychologists has continued for reasons presented in previous reports. The SBBH State Educational Specialist and the State School Psychologist met with the Superintendent on October 18, 2005, to address this issue, among others. The outcome decision was that the SBBH Program will obtain an audit of the SBBH program, current position types, position utilization and proposed changes to address supervision, assessment and overall program functioning. That evaluation was completed, and the report was received this quarter. That report has been submitted for review by the State Superintendent. Although additional Mental Health Supervisor positions were created and potential candidates were recruited to address the need in Maui District, these positions have not been filled. Currently, a class of supervisory Behavioral Specialist Positions is being developed to more appropriately address SBBH program needs, necessary supervision needs and the hard-to-fill clinical psychology vacancies.

SBBH Internal Review Analysis

The School-Based Behavioral Health Program utilizes the data from the Department's Internal Review process as an indicator of system performance related to students receiving SBBH services. Three hundred eighty-nine students with disabilities who received SBBH services were included in the Internal Review this school year. Of those students, 363 received acceptable ratings. This school year, the results of the Overall Child and System Status were at 93% and 94%, respectively, which are well above the 85% acceptable rating. Comparisons of Internal Review ratings for students receiving SBBH services (CSSS levels 4 and 5) are provided below.

INDICATORS OF CURRENT SYSTEM PERFORMANCE		Percentage Obtaining an Acceptable System Performance and Percentage of Change			
		SBBH (CSSS Level 4 and 5) ONLY			
		School Year 2002-03	School Year 2003-04	School Year 2004-05	School Year 2005-06
Understanding the Situation		88%	93%	94%	96%
	Child/Family Participation	93%	95%	96%	94%
	Functioning Service Team	90%	92%	95%	96%
	Focal Concerns Identified	84%	89%	88%	92%
	Functional Assessments	80%	90%	92%	95%
Planning Services		83%	90%	94%	94%
	Focal Concerns Addressed	88%	89%	89%	95%
	Long Term Guiding View	75%	85%	86%	89%
	Unity of Effort Across				
	Agencies/Team	78%	86%	89%	92%
	Individual Design/Good Fit	89%	92%	95%	94%
	Contingency Plan (Safety/Health)	77%	94%	88%	84%
Implementing Services		89%	94%	94%	94%
	Resource Availability for				
	Implementation	92%	93%	94%	96%
	Timely Implementation	87%	92%	94%	93%
	Adequate Service Intensity	78%	90%	91%	93%
	Coordination of Services	85%	90%	91%	93%
	Caregiver Supports	91%	96%	94%	96%
	Urgent Response	81%	94%	90%	86%
Results		90%	91%	91%	92%
	Focal Situation Change	88%	89%	90%	93%
	Academic Achievement	86%	83%	85%	85%
	Risk Reduction	90%	91%	93%	92%
	Successful Transitions	90%	91%	93%	93%
	Parent Satisfaction	93%	93%	94%	92%
	Problem Solving	85%	85%	87%	90%
OVERALL PERFORMANCE		88%	93%	94%	94%

The following bar graph illustrates the sustainability of improvements made over the past three and a half years, based on the percentage of acceptable ratings on the indicators of system performance.



Summary

In reviewing the SBBH Program activities and related data, Performance Goal #15 is met as the system performance for students receiving SBBH has not decreased. The SBBH program has not only maintained the level of functioning obtained previously, it has also made significant improvements especially in assuring that students are making progress. Training has decreased this quarter at both the district and state levels, but this is expected based on decisions that should improve system functioning over time. Training at the state level primarily involved piloting new more integrated training, and both state and district level training is being scheduled during school recess to assure maximum availability of staff to provide direct services to students when school is in session. On-going training and the supervision/consultation process assures continued support is provided for implementing and practicing the new skills learned. Although the number of supervision sessions showed a small decrease this quarter, it has increased when compared to a year ago. New supervisory Behavioral Specialist positions are being created to address the need for supervision.

To maintain a high functioning SBBH system, we address ways that our system interacts with other state departments and community agencies through activities and groups such as the District and State Quality Assurance Committees, the Evidence Based Practice Committee and the Communities of Practice core group. There is a greater emphasis on reviewing SBBH data and program goals with additional sections of DOE, with other state departments outside of DOE, and with the broader community. With development of The Communities of Practice core group this quarter with consultation and facilitation from national leaders who have demonstrated successes in implementing collaborative pursuit of a shared agenda, the SBBH Program is hopeful that this collaborative approach

will continue to develop, identify the most effective ways and coordinate efforts to address both the agenda shared throughout the community and the SBBH Program goals.

Summary of Department of Education System Infrastructure and Performance

The Department of Education has set and maintains high expectations regarding infrastructure and performance goals. Ongoing measurement of performance related to the goals indicate that over the past 39 months the Department has not only maintained infrastructure and performance, but strengthened existing infrastructure and improved performance.

The Department meets or exceeds infrastructure expectations in the following areas:

- Qualified personnel: Special Education teachers and SBBH professionals in the complexes,
- Capacity to provide School Based Behavioral Health (SBBH) services through DOE employees,
- Capacity to contract for necessary services not provided through employees,
- Adequate funding to provide a comprehensive system of care for students requiring such services to benefit from educational opportunities, and
- Integrated data management information to adequately inform administrative decisions necessary to provided timely and appropriate services.

The Department of Education continues to be challenged to meet Department established targets for qualified special education teachers and paraprofessionals in classrooms.

Performance Measures reveal either improvement or stability in all areas. The following Performance Measures were met or exceeded:

- Timely evaluation and program plan development
- ISPED reports for management
- Availability of contracts to provide services
- Administrative action to assure adequate funding
- Request for due process hearings
- Training in reading strategies
- Quality of services to students with ASD
- Quality and availability of SBBH services
- Training of new teachers in reading strategies
- Reading Strategies in IEPs

While performance is high and improving in these areas, the Department's performance goal in the rate of students requiring mental health services on home/hospital instruction, and reading assessments prior to IEP development were not met. Similarly, while progress in reducing the ratio of suspensions for regular education and special education students has been made, the net results are still less than desired.

Overall, in this reporting period the Department has continued to sustain a level of infrastructure and system performance consistent with or better than a year ago. Corrective actions directed at state, complex, and school level, based on data and analysis

are leading to improvements, not just at the complex level but within specifically identified schools. The data in this section provides further evidence of the commitment within the Department, at all levels, to maintain and improve the delivery of educational and behavioral/mental health services to students in need of those services beyond that required by federal statute and court orders.

The Department expects that ongoing system performance assessments, subsequent training, and the posting of school by school performance indicators will not only maintain this level of performance but will improve system performance to high levels in all schools

This quarter the Department has moved forward in the reorganization of the Planning and Evaluation Office to include the System Accountability Office. This office within the Office of the Superintendent will be tasked with compliance and performance monitoring at the systems level. It is a testament to the success demonstrated over the past several years in meeting high system performance expectations in providing services to students in need of educational and mental health supports and services. The responsibilities of this new office will include compliance and performance of federal and state programs, including special education.